

**Gender Role Conflict, Traditional Masculinity Ideology, and Help-Seeking Experiences of
Substance Dependent Men: A Mixed Methods Study**

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In Partial Fulfillment of the Requirement for the Degree of Masters in Education
In the Department of Educational Psychology and Special Education
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ABSTRACT

Traditional masculinity ideology, and the degree to which any given individual subscribes to the tenets of this ideology, has significant impact on the help-seeking experiences of men, and by extension, the health and wellness of men, and correspondingly that of their family and loved ones. (O'Neil, 2008, Addis & Mahalik, 2003) Traditional masculinity prescribes certain behaviors for men that are not supportive of the act of seeking help for problems faced. One of the health outcomes associated disproportionately with men is substance dependence. Many men suffer in silence. This study explored, via a mixed-methods, convergent parallel multiple case study, the lived experiences of men from this population who have navigated the help-seeking experience and found themselves in an inpatient residential program designed to treat substance dependence. Three questions were posed: 1) how do substance-dependent males housed in an inpatient residential treatment facility describe their experiences of help seeking, 2) what forms of gender role strain or conflict may be present for these participants, and 3) to what extent might their identification with traditional masculine ideologies and gender roles impact their help seeking behaviors? Six participants completed a semi-structured interview, as well as a 37-item questionnaire, the Gender Role Conflict Scale (GRCS-I), designed to measure the construct of gender role conflict. Results yielded a deeper understanding of the experience of men from this population who have been faced with the prospect of seeking help, in terms of both the risk and protective factors that have either prevented, or supported the act of help-seeking. Data obtained via the GRCS-I indicated that the participants indeed experience significant levels of gender role conflict, and data collected via semi-structured interviews suggested that this conflict impacts help seeking behavior. A number of themes and sub-themes emerged with respect to the research questions identified. Atheoretical themes related to the first research question included psychological or emotional responses to the prospect of help-seeking (denial, rock bottom, guilt, shame, and regret, epiphany), past experiences as risk or protective factors, help seeking as a restorative or preventative act, and resilience. Evidence suggesting that traditional masculinity ideology had impacted the help-seeking behaviours of the participants was most profound in terms of congruence with several traditional masculinity/help-seeking paradigms, including the Blueprint for Manhood (David & Brannon, 1976), confirmatory and compensatory use (Williams & Ricciardelli, 1999), the five psycho-social processes associated with men and help seeking (Addis & Mahalik, 2003), and positive masculinity (Levant &

Wimer, 2014). Clinical implications include that the findings of the study provide evidence that the inclusion of psycho-educational component dealing with masculinity and help-seeking in substance dependence treatment programs would be important to consider. Opportunities for future research are discussed with respect to the need for larger studies, continued qualitative approaches, as well as a focus on identifying mediating and moderating variables that serve to define the help-seeking experiences of substance dependent men.

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Chapter One: Introduction

“If men have learned anything from women feminists, it is that: men are also oppressed by rigid sex-role socialization process (ie. sexism) that limit their potential to be fully functioning, androgynous, whole human beings.” (O’Neil, 1981a, p. 62).

Introduction

On the surface of things, it seems counter-intuitive to characterize men as victims of the same kinds of sexist, limiting, and otherwise oppressive yet often socially sanctioned and endorsed attitudes regarding gender roles that women have quite clearly been subjected to over the course of history. For me, the statement alone elicits a measure of internal conflict, or cognitive dissonance, insofar as it is difficult at first glance to reconcile this claim with more the obvious and undeniable oppression faced by women. However, after endeavoring to critically consider the spirit of O’Neil’s Claim, there is evidence that supports the supposition that men’s understanding of masculinity and the way this understanding manifests itself through action, are affected by sexist ideology, and that this reality has had, and continues to have consequences for men, women, children, and families in general. To characterize men as oppressed, to me, given the onus and ability I believe men have to challenge and step outside of the sex-role socialization process, is not accurate, however certainly men are nonetheless impacted and affected, in a number of ways, by this process.

One such consequence of this sex-role socialization process for men, and by extension women, is the effect that such socialization has on the willingness and likelihood that a male will seek help for a given problem (Addis & Mahalik, 2003; Good & Wood, 1995; O’Neil, 2008a; Wisch, Mahalik, Hayes, & Nutt, 1995). It has been argued (Good & Wood, 1995) that men, as a result of this rigid sex-role socialization process and accompanying behavioral expectations, face a dynamic in which they are, on one hand, at greater risk of developing a multitude of psychological problems, but also more likely to have negative attitudes about seeking help for such problems. This dynamic is referred to in the literature as “Double Jeopardy” (Good & Wood, 1995).

Gender Role Strain (Pleck, 1995) and Gender Role Conflict (O’Neil, 1981b) are two constructs that have been suggested to make sense of how men experience difficulties with the sex-role socialization process. These two constructs have risen from the social constructivist school of

thought, wherein it is assumed that rather than gender-roles being understood as a function of some innate, pre-determined, biologically based set of differences between males and females, in reality, our ideas on gender-roles, and how each ought to play out are derived from our experiences within the gender role socialization process. Further, it is argued that these ideals have been systematically selected, emphasized, and endorsed as a means to ensure male privilege is established and maintained (Gil, Teese, & Sonn, 2014, O'Neil, 2008b) and are often justified through the perpetuation of erroneous beliefs about innate differences between men and women (Pleck, 1995). For me, as the researcher, coming from a constructivist point of view in terms of how I make sense of how we make sense of and express gender, this cannot be overstated, and the underlying motives in terms of preserving men's hegemonic status in society are what creates such cognitive dissonance for me with respect to the claim that men too are "oppressed." However, it is also now commonly argued that these ideals are based on the prescriptions of traditional masculinity ideology with respect to how men are to think, feel, and behave, and are both unrealistic, and harmful to men and their prospects for good health, or as O'Neil (1981b) suggests, their prospects for becoming fully functioning "human" beings.

This concept of "masculine gender role socialization" (Addis & Mahalik, 2003), the learned values, attitudes, and beliefs about what it means to be a man, served as the subtext for this research. More specifically, I was interested in exploring the manner in which this masculine gender role socialization contributes to both gender role strain and gender role conflict, and how such experiences influence men's health, and subsequently their help-seeking behaviors when health problems arise.

The Researcher

I am currently a student in the Masters of Education, School and Counseling Psychology program at the University of Saskatchewan. Additionally, I am employed as a clinical supervisor at a publicly funded inpatient, residential treatment facility that specializes in assisting those who suffer from substance dependence and mental health issues. Much of the program is delivered in gender specific group settings, and thus, as a clinical supervisor of staff members who serve both male and female clients in such groups, I am keenly interested in supporting our staff in delivering effective services to our clients. I am also open to the idea that to be effective, these services may need to be tailored in a way that incorporates knowledge of the gender role socialization process for both men and women.

An oft-debated and discussed dynamic at my place of employment are the relative merits of an all-inclusive, one-size fits all approach to serving clients, as opposed to tailoring services to meet the needs of specific clients or groups of clients as a reflection of what are likely important differences. The demands of delivering a public service often mean that with resources being finite, tailoring services to individual needs is challenging. However, aside from the scarcity of resources, as big a challenge is to first effectively understand what the needs of any specific individual, or group are. Once achieved, the remaining challenge is to use that information to inform the nature of the services and approaches available to these individuals or groups.

Gender-related differences, be they innate, socially constructed, or otherwise, are one such area that has been identified as important to consider when faced with the prospect of delivering services (Mintz & O'Neil, 1990). Being a male working in a helping profession, I may have insider knowledge as to the nature of gender role strain and conflict. Certainly, in reflecting on my own experiences when faced with the prospect of seeking help for something, having carried out this research, I can relate to many of the tenets of traditional masculinity ideology discussed and how adherence to or defying them has impacted outcomes for me. However, rare is the occasion in which these dynamics are openly discussed. Gaining a better understanding of how men who are faced with the prospect of seeking help for substance abuse experience that journey within the context of traditional masculinity ideology may contribute to such conversations and assist in the provision of more effective services for men, in general.

Purpose and Significance

Men are known to seek help for health issues in a variety of contexts less often than women (Addis & Mahalik, 2003, Good & Wood, 1995, Sierra Hernandez, Carlos, Han, Oliffe, & Ogrodniczuk, 2014, Wisch et al., 1995). It is also noted that in addition to this avoidance of help-seeking, men also tend to engage in more behaviours that pose significant risk to their health than do women (Levant & Wimer, 2014, Sierra Hernandez et al., 2014) and that men commit suicide about four times more often than women do, but that seventy-five percent of help-seekers for depression are women. Male life expectancy is consistently cited as lower than women (Addis & Mahalik, 2003, Levant & Wimer, 2014). In Canada, the most recent available data cites male life expectancy to be 79 years, and female life expectancy as 83 years (Government of Canada, n.d.). Men consistently perform poorly on virtually all health indicators (Levant & Wimer, 2014) and have higher rates on the 15 leading causes of death (Addis &

Mahalik, 2003).

Given these sobering realities, men's health, and in particular men's help-seeking is an important issue to study. Men make up roughly half of the world's population, and soaring health care costs continue to be a problematic issue faced by health providers in general. That men's health matters is not necessarily a contentious issue, however, more contentious is the degree of agreement that exists in terms of what exactly can be identified to explain these challenges and in turn how best to respond from a treatment perspective.

As noted, a branch of research exists suggesting that a significant portion of the troubling status of men's health along a number of domains is linked to consequences that arise as a result of the male sex-role socialization process such as the development and experiencing of gender role strain (Pleck, 1995) and gender role conflict (O'Neil, 1981b). In essence, it is argued that being male within the context of such a restrictive socialization process predisposes men to a litany of poor health outcomes, while at the same time contributes to a lesser likelihood that once a health problem develops, a male will seek any help.

I am particularly interested in the experiences of men who are faced with the prospect of seeking help for substance abuse. Substance abuse is often cited as but one of any number of problems that are linked to gender role expectations, conflict, and strain. Although this is an under-researched area, O'Neil (2008a), in his review of research done overall in relation to his construct of gender role conflict, found that of 11 studies that looked at potential relationships between gender role conflict and substance use, seven found a significant relationship. Consistently, however, researchers acknowledge that while a link exists between the experience of gender role conflict and substance dependence, no causality can be claimed, as virtually all studies have been correlational in nature (O'Neil, 2008a). An often-cited refrain is that the nature of the studies done to date on the links between gender role conflict and men's health problems do not account well for within-group or within individual differences, and that more research, in particular of a qualitative nature, is needed to more fully understand the complexity of men's experience (Addis & Mahalik, 2003; O'Neil, 2008a) and to learn more about potential mediating or moderating variables that may serve as both risk and/or protective factors for individuals in terms of the consequences suffered due to gender role conflict.

In this study, I utilized a convergent parallel mixed methods approach to explore the experiences of substance dependent men as they relate to concepts of masculinity, gender role

conflict, and the prospect of seeking help.

Research Questions

I sought specifically to answer the following:

1. How do substance-dependent males housed in an inpatient residential treatment facility describe their help seeking experience?
2. What forms of gender role strain or conflict may be present for these participants?
3. To what extent might their identification with traditional masculinity ideologies and gender roles impact their help seeking behaviors?

Summary

The idea that men, like women, are oppressed due to sexism is controversial (O'Neil, 2008b) and may not accurately describe the dynamics men face; however, regardless of the name given to men's experiences with gender role socialization, research suggests that a link exists between traditional masculinity ideology, the manner in which men are socialized based on gender, and the impact this has on men's sense of self and their behaviours. The development of health problems as a result of these forces, and the prospect of seeking help for them, are a reality men are faced with, and the success or lack thereof men have on that front has implications, one way or another, for partners, children, mothers, and fathers, friends and associates of men. However, that there are links between traditional masculinity ideology and problems for men shouldn't be offered as an excuse for men's historically and continued poor treatment of women and each other, but rather as context for understanding the problem and helping society at large. As O'Neil (2008b) notes, research in relation to gender role conflict and its effects,

...should not be used to justify, explain away, or pardon men's abuses, harassment, and violence toward women and other men. Men must take responsibility to change their sexist attitudes and behaviors and regain their positive power by improving the human condition through service and empowering others. What needs to be continuously understood is that the restrictive gender roles of boys and men are the products of a patriarchal society that reinforces and supports sexism. If sexism is to be eliminated from our lives, then we need to understand how cultural and family diversity indices and societal oppression interact, producing psychological problems for boys and girls. (p. 474-5)

The results of this study could serve to enhance the understanding of those in helping professions of the help-seeking experiences of substance dependent men. Such an enhanced understanding of how clients make sense of such experiences may serve to inform more client-centered, effective interventions and treatment modalities that take into consideration the unique socialization processes that men experience within our existing patriarchal society.

Thesis Organization

In the following chapter, I will review the pertinent literature on traditional masculinity ideology, male help seeking in general, as well as the existing literature with respect to help seeking experiences for substance dependent men specifically. In Chapter 3 the research methodology used as a means to answer the aforementioned research questions is outlined. Chapter 4 presents the results of analysis, with a discussion to follow in Chapter 5.

Definition of Terms

Traditional masculinity ideology: This ideology “refers to beliefs about the importance of men adhering to culturally defined standards of male behavior” and reflects “individual endorsement and internalization of cultural belief systems about masculinity and male gender, rooted in the structural relationship between the sexes” (Pleck, 1995, p. 19).

Gender Role Strain: A result of the difficulty one faces in adhering to the norms of masculinity, a psychological outcome that occurs because “stereotyped societal norms around gender ideals are often contradictory, inconsistent, and unattainable” and “As a result of being unable to live up to these unrealistic messages, a large proportion of persons violate these gender ideals and experience negative psychological consequences” (Mahalik, 1999, p. 333).

Gender Role Conflict (GRC): This refers to “a psychological state in which socialized gender roles have negative consequences for the person or others. GRC occurs when rigid, sexist, or restrictive gender roles result in restriction, devaluation, or violation of others or self. ...The ultimate outcome of GRC is the restriction of a person’s human potential or the restriction of another person’s potential” (O’Neil, 2008a, p. 362).

CHAPTER TWO: LITERATURE REVIEW

Traditional Masculinity Ideology

The age-old nature versus nurture debate is evident within the literature on traditional masculinity ideology. There is little debate as to exactly what constitutes the core underpinnings of traditional masculinity ideology, (Pleck, 1995) however, controversy abounds in relation to the underlying explanations as to why and how these core tenets of traditional masculinity ideology came to be not only identified, but endorsed and aspired to for so many males. What follows is a discussion of traditional masculinity ideology, as it exists and is accepted to be. I will outline the competing viewpoints and theoretical understandings that have informed traditional masculinity ideology, as well as examine more recent changes in philosophy that have occurred with respect to male understanding of masculinity and sense of self.

Pleck (1995) states that traditional masculinity ideology “refers to beliefs about the importance of men adhering to culturally defined standards for male behavior” (p. 19). An oft-cited paradigm for understanding and describing these culturally defined standards of male behavior is what David and Brannon (1976) refer to as our culture’s “Blueprint for Manhood.” Within this blueprint, David and Brannon identify four dimensions of the male sex role: 1) No Sissy Stuff, 2) The Big Wheel, 3) The Sturdy Oak, and 4) Give ‘Em Hell.

The first dimension, *No Sissy Stuff*, refers to the stigma that men tend to associate with anything even remotely feminine (David & Brannon, 1976, O’Neil, 2008a, Mahalik, 1999, Fahey, 2003, Serna, 2004). From an early age, and throughout a male’s life, they are taught that at all costs, displaying emotions is to be restricted if not altogether avoided (David and Brannon, 1976). This comes with one exception however. Singled out as the lone acceptable male emotion within the traditional masculinity ideology paradigm is that of anger, and not only is it deemed to be acceptable, but also expected as an emotion as man can elicit when needed (Pollack, 1998). Should men be unable to negotiate this expectation, they are deemed less masculine than men who can successfully do so, and social sanctions in the form of ridicule and shame are often (David and Brannon, 1976) the result. Nowhere are these social sanctions, and prescriptions against possessing any feminine qualities more prevalent than within men’s relationships with one another (David & Brannon, 1976, O’Neil, 1981, 2008a). Being male is often looked at as being inherently not-female, and any traits one possesses that align more so with traditional femininity ideology are seen as rendering a males less masculine (David &

Brannon, 1976).

The second dimension, *The Big Wheel*, refers to men's obsession with success, status, and the need to be looked up to (David & Brannon, 1976, Fahey, 2003, Mahalik, 1999, O'Neil, 2008a, Serna, 2004). As is noted, "Next to proving that one is not at all feminine, success and status are the bedrock elements of the male sex role, and no man in America escapes from the injunction to succeed." (David & Brannon, 1976, p. 89). This drive towards success and status most often manifests in terms of one's work, which within the paradigm of traditional masculinity ideology is seen by men as the most important vehicle through which one can exemplify this trait. (David & Brannon, Fahey, 2003, Mahalik, 1999, 1976, O'Neil, 2008a, Serna, 2004). Competition is seen through the "Big Wheel" lens as inherently good, all of the time, insofar as it enables one to pursue and exemplify this aspect of masculinity (David & Brannon, 1976).

The third dimension, *The Sturdy Oak*, refers to the belief that a man should portray toughness, confidence, self-reliance, strength, independence, determination, and unflappability. (David & Brannon, 1976). David and Brannon (1976) cite the metaphor of man as "sturdy oak" and woman as "clinging vine" to illustrate the sexist expectations placed upon the men and women in this realm.

The fourth dimension, *Give 'Em Hell*, refers to the aura of aggression, violence and risk-taking that men within the traditional masculinity ideology paradigm are expected to project (David & Brannon, 1976). Actual or threatened violence, contact sports, and war are avenues men utilize as vehicles for attaining societal approval that they in fact measure up to such standards along this dimension (David & Brannon, 1976). As noted earlier, (Addis & Mahalik, 2003, Good & Wood, 1995, Sierra Hernandez et al., 2014 Wisch et al, 1995) men are known to engage in more risk-taking, and less health promoting behaviors than women. Attainment of status as being a *real man*, as defined by the aforementioned cultural standards of traditional masculinity serves as strong motivation to do so.

Further to David and Brannon's blueprint, Mahalik (1999) identified themes describing eight traditional masculinity ideology-informed messages that he feels men get within the gender role socialization process. These themes are that of success, power, emotional control, fearlessness, self-reliance, primacy of work, playboy (i.e., men are to seek out multiple, recreational sexual encounters), and disdain of homosexuals. Exhibiting such traits are held as

aspirations by men who subscribe to traditional masculinity ideologies (Mahalik, 1999).

The idea of the “Masculine Mystique and Value System” is also an oft-cited aspect of traditional masculinity ideology. O’Neil defined this value system as a “complex set of values and beliefs that define optimal masculinity in society....based on rigid gender role stereotypes and beliefs about men and masculinity.” (1981b, p. 205). These values and beliefs lead to a set of commonly held assumptions and attitudes about manhood, such as: that men are innately superior to women, that masculinity is preferable to femininity, that power, competition and control are necessary aspects needed to establish one’s masculinity, that emotions are to be restricted, that rational and logical thought rather than intuitive or emotional expressiveness is the superior means by which to communicate, that sex is a primary means by which to prove one’s masculinity and that any other form of intimate or affectionate activity is feminine and thus to be avoided, that vulnerability and intimacy with other men is a sign of weakness and to be avoided, that vocational success is a primary symbol of masculinity, and finally that men are superior in this career-oriented realm and that their primary role lies there, while women’s primary role should be that of caregiver (O’Neil, 1981b).

Underlying commonalities exist among David and Brannon’s Blueprint for Manhood, Mahalik’s themes of traditional masculinity ideology, and O’Neil’s listing of attitudes and assumptions that are derived from traditional masculinity ideology. O’Neil (2008a) terms this overarching and ever-present common denominator as that of “Fear of Femininity”, which consists of “strong, negative emotions associated with stereotypic feminine values, attitudes, and behaviors. These fears are learned in early childhood when gender role identity is being shaped by parents, peers, and societal values.” (p. 367).

Related to the adoption, endorsement, and adherence to traditional masculinity ideology are views as to what is often termed the nature versus nurture debate. In the masculinity literature, terms often used to refer to such debate include essentialist versus constructivist, or trait versus normative viewpoints. An essentialist perspective posits that there are innate, largely biologically based differences between males and females (Addis et al, 2003), and that these differences serve as explanation for the tenets of traditional masculinity ideology. This approach to gender is often referred to as a “sex-differences” approach (Addis et al, 2003) and with respect to masculinity, focuses largely on identifying the various traits that are, ostensibly, naturally associated with being male, and that differentiate one from being female.

In contrast to the essentialist approach, the constructivist approach posits that rather than being a natural extension of biologically based, innate sex-differences, our cultural understanding of masculinity and of what it means to be a man are derived socially, based upon these ostensibly erroneous beliefs about sex-differences being innate, biologically based, and fixed (O'Neil, 2008b, Pleck, Sonenstein & Ku, 1993). Constructivist thinkers argue that this traditional masculinity ideology, which they believe to be wrongly based upon incorrect beliefs about the inherent, biologically based nature of the sexes, has fueled a process whereby "through social interactions resulting in reinforcement, punishment, and observational learning, traditional masculinity informs, encourages and constrains boys (and men) to endorse and conform to the prevailing male role norms by adopting certain socially sanctioned behaviors and avoiding certain proscribed behaviors." (Levant & Wimer, 2014).

Bem (1981) had spoken to this phenomenon. He proposed the "Gender Role Schema" model, wherein he stated that cultural forces serve to inform one's idea of maleness and femaleness, and that these ideas are a direct result of the normative expectations placed on people that arose from the belief that there exist innate and natural differences among the sexes (As cited in Mahalik, 1999).

Implied within the essentialist viewpoint with respect to masculinity is the idea of the existence of a single, natural, hegemonic masculinity that includes such stereotypical male traits to be aspired to as those discussed earlier (Gil, Teese & Sonn, 2014). Implied within the social constructivist model of understanding masculinity is the idea that such prescriptions of manhood are strategically chosen and endorsed as a means to ensure and preserve male dominance (Addis & Mahalik, 2003, Gil, et al., 2014) as opposed to being just an expression of natural differences.

With respect to how researchers understand the construct of masculinity, prior to the 1970's there was largely an essentialist-based understanding. A shift has occurred over the past three decades wherein more and more gender research has begun to acknowledge and endorse the idea that beliefs about gender and what it means to be a man or a woman are socially constructed, and that the degree to which one either accepts or rejects the essentialist-informed traditional masculinity ideology tenets informs, at least in part one's own definition of masculinity (Gil et al, 2014). This allows for multiple masculinities, wherein individuals, as a function of their beliefs and experiences and through individual meaning attached to the same, construct unique definitions of what it means to them.

However, it is accepted that even within the context of the allowance that there is much variation in terms of any given person's conception of what it means to be a man, as a function of existing in a society in which essentialist theories still exist, we are never completely insulated from gender role socialization that occurs and informs our identity formation and conceptions of masculinity (Addis et al, 2003, Fahey, 2003, Hernandez et al., 2014, Mintz, O'Neil, 1981a, O'Neil, & James, 1990, O'Neil, 2010, Pleck et al., 1993).

Further to the nature versus nurture debate, it is argued that too much focus has been placed on attempting to identify which has the most influence on gender characteristics (Hines, 2015) and that the best manner in which to make sense of this dilemma starts with accepting that gendered behavior is developmental in nature, highly individualized, context-dependent, and impacted by any number of variables, both nature and nurture oriented. This is consistent with what appears anecdotally to be a move societally towards a less-binary, either-or understanding of gender to an understanding of gender in terms of representing a continuum or a spectrum of characteristics seen as generally representative of one gender or another, and that nobody truly embodies one extreme or another.

Gender Role Strain

Increasingly, endorsement of and conformity to the tenets and prescriptive statements of traditional masculinity ideology are being linked to negative outcomes for men (O'Neil 2010, O'Neil 2008a, Wisch et al., 1995). One such negative outcome is that of gender role strain. Goldberg (1974) spoke to this dynamic around the time at which the shift from essentialist to constructivist paradigms for understanding masculinity was occurring, referring to the "hazards of being male." He notes:

Cultural mythology has it that the male is in a favored position. After all, it does appear as if he has more options, more choices, more power, and greater freedom than the female. If all of this is in fact true, then he is paying an incredibly high price for being 'top dog' because the facts of his reality are frightening indeed." (p. 172).

Evidence cited includes male mortality rates, life expectancy, severe social sanctions for deviating from socially accepted norms, and the numerous biological, psychological, and social challenges men experience that are linked to unrealistic gender based expectations.

Gender Role Strain is one such hazard men encounter on some level (Pleck, 1995). Several tenets are central to the concept of gender role strain. These include (Fahey, 2003) that gender

roles are derived from the stereotypes that are perpetuated by traditional masculinity ideology, that these norms are contradictory and inconsistent, that a high proportion of people in fact violate or deviate from these norms which elicits the social sanctions and normative judging referred to earlier, that the thought of such sanctions motivates people to make every attempt to conform to the established norms, that males experience very severe consequences for violating these norms and minimal reinforcement exists to support doing so, that the very behaviors that are required in an attempt to live out and embody these norms contribute to psychological dysfunction, and that both males and females experience gender role strain and that this strain is linked to historical change with respect to gender-role expectations. With respect to this historical change, Pleck, (1976), observed incongruence between the manner in which men are socialized, and newly defined roles for men that have started to drift from tradition, which he thought would cause strain.

The gender role strain paradigm was a significant departure from the essentialist, sex-differences paradigm and is at the core of much of the present day, constructivist-oriented research on sex/gender roles (Generali, 2002). Pleck was critical of essentialist ideas about the nature of males and females, and subscribed to the idea that we too often blindly accept essentialist-based understandings as fact, without considering that either consciously or subconsciously, some of men's beliefs about gender may actually be informed less by nature and more by an interest in enabling men to preserve their dominant, hegemonic status in society (Levant & Wimer, 2014).

Several concepts related to the principle of Gender Role Strain bear mentioning. Central to the idea of gender role strain is the notion of congruence, or more specifically, the lack of the same that exists between one's real self-concept as opposed to the same sex ideal endorsed through gender role socialization (Garnets & Pleck, 1979). Real self-concept refers to the qualities and characteristics one believes they actually possess. Same-sex ideal refers to the qualities and characteristics one believes they ought to possess. Linked to these, is the idea of salience, as far as the degree of importance one places upon gender issues and on living out or embodying ideals put forth by traditional masculinity ideologies (Garnets & Pleck, 1979). The degree of importance one places upon such issues impacts the intensity of gender role strain that one may experience, thus if there is large discrepancy between one's real self-concept and the same sex ideal perpetuated by societal values, and one places a high degree of importance on

such ideals, gender role strain is likely to be more intense (Garnets & Pleck, 1979).

The gender role strain literature commonly cites three types of strain (Fahey, 2003, O'Neil, 2008a, Pleck, 1995, Serna, 2004) that one may encounter. The first of these (Fahey, 2003, O'Neil, 2008a, Pleck, 1995, Serna, 2004) is discrepancy strain, which posits that failing to conform to the accepted tenets of traditional masculinity ideology is apt to elicit negative judgment from others, and that this often leads to the devaluing of one's self as a result. Trauma Strain (Fahey, 2003, O'Neil, 2008a, Pleck, 1995, 2003, Serna, 2004) refers to the traumatic psychological effects that pressure to conform to a certain ideal of masculinity can have on someone. Finally, the concept of dysfunction strain represents the results one experiences when engaging in the actual behaviours that are prescribed for men (ie. emotional stoicism, aggression/violence, unfettered competition, pursuit of power and prestige) as embodied by traditional masculinity (Fahey, 2003, O'Neil, 2008a, Pleck, 1995, Serna, 2004).

Gender Role Conflict (GRC)

Rising out of the concept of gender role strain, the other construct developed over the past few decades that has been most influential in helping researchers make sense of masculinity and its relationship to potentially negative outcomes for men is that of gender role conflict. Gender role strain can be thought of as a means by which to understand how restrictive, essentialist-informed gender role expectations can be harmful to one's psychological health (O'Neil, 2008a) while gender role conflict, when operationalized in the form of the over-arching patterns that define it, can be thought of as representing the negative outcomes of gender role strain in a way that can be measured.

Gender role conflict is hypothesized to be something experienced by both men and women as a result of gender role socialization (O'Neil, 2008a). As did other constructivist-oriented researchers, O'Neil believed that men's problems were related to gender-role related conflicts that they experience as a result of rigid, sexist socialization process informed by fear of femininity beginning in childhood and continuing throughout life (O'Neil, 2008a). O'Neil (2008a) identified numerous patterns of such conflict that men experience, ultimately settling on six such patterns that embodied the lived experience of men experiencing gender role conflict. These patterns included: restrictive emotionality, health care problems, obsession with achievement and success, restrictive sexual and affectionate behavior, socialized control, power, and competition issues, and finally homophobia.

Defined, gender role conflict is “a psychological state in which socialized gender roles have negative consequences for the person or others (and) occurs when rigid, sexist, or restrictive gender roles result in restriction, devaluation, or violation of others or self” (O’Neil, 2008a, p. 362). Ultimately, gender role conflict results in the inability for one suffering from it to realize his inherent potential, or, as importantly, the individual experiencing gender role conflict responds to it in such a manner that he then impedes or restricts the ability of others to reach their own human potential (O’Neil, 2013).

Four domains of gender role conflict exist (O’Neil, 2008a) including cognitive (how one think about gender roles), affective (the emotions one feels with respect to gender roles), behavioral (how one acts and responds to things due to established gender roles), and unconscious (how gender role issues beyond one’s conscious awareness affect one’s actions) strands.

Actual gender role conflict occurs for men (O’Neil, 2008a) in a number of situational contexts that include times of gender role transition when faced with a challenging developmental task (ie. fatherhood, career pursuit), when men deviate from or violate the prescriptions of traditional masculinity ideology, when men note a discrepancy between real and socially expected ideal self-concepts, and when men devalue, restrict, or violate either themselves or others when failing to adequately meet the norms established via masculinity ideology. Lastly, men may experience gender role conflict when they themselves are exposed to these same kinds of devaluations, restrictions, and/or violations (O’Neil, 2008a).

Devaluations manifest themselves in the form of negative criticism of self or others within the context of adhering to or deviating from established standards of masculinity. (O’Neil, 2008a). Restrictions manifest themselves in the form of limiting self or others to developing identity and behaving in ways that are consistent with established standards of masculinity. Violations manifest themselves as overt harming of self or others when self or another deviates from these established standards. All three of these potential pathways result in negative psychological outcomes (O’Neil, 2008a). As is noted, “Furthermore, the cognitive, affective, behavioral, and unconscious domains of GRC relate to men’s problems with depression, anxiety, self-esteem, homophobia, restricted emotionality, communication problems, intimacy, marital conflict, violence toward women, health problems, and substance abuse.” (O’Neil, 2008a, p. 363-4)

Via factor analysis, the six initial patterns of gender role conflict were ultimately reduced to four (Serna, 2004). These patterns serve as the measurable constructs within the Gender Role Conflict Scale-I (GRCS-I) (O'Neil, 2008a). The patterns include restrictive emotionality (RE), restrictive affectionate behavior between men (RABBM), success, power, and competition (SPC), and conflict between work and family relations (CBWFR) (O'Neil, 2008a).

Restrictive emotionality refers to avoidance and fearfulness of expressing feelings or emotions to others, as well as alexithymia, or difficulty in being able to find appropriate words to do so (O'Neil, 2008a). RABBM refers to avoidance and fearfulness related to expressing emotions with other men and physical contact with men. SPC refers to the attitudes and beliefs a man carries in relation to the pursuit of success and power as it relates to masculinity (O'Neil, 2008a). CBWFR refers to the level of conflict one experiences in terms of attempting to balance work related pursuits and the demands of family (O'Neil, 2008a). The GRCS-I is primarily a measure of the aforementioned gender role restrictions that men impose upon themselves or others, or have imposed upon them by others (O'Neil, 2008a).

Criticism of O'Neil's gender role conflict paradigm as a tool useful in understanding how masculinity ideology impacts the experiences of men generally includes the idea (Enns, 2008, Wester, 2008) that it is too simplistic, and does not lend itself to fully capturing the complexities associated with gender development and expression. It is argued (Wester, 2008) that the gender role conflict paradigm does not provide much room to explore the various moderating and mediating variables thought to have impact upon men, and the ways in which they come to understand and express their gender roles. Ethnicity, age, sexual orientation, and environmental influences are all noted (Wester, 2008) as such variables not well represented or addressed via O'Neil's paradigm. Enns (2008) proposes what she calls a 'complexity paradigm' as a means by which to better capture the dynamics at play with respect to gender role conflict, both from a male and female perspective. This paradigm is rooted within feminist psychology perspectives, and suggests that more emphasis be placed upon the over-arching idea that gender role conflict is best understood within the context of power dynamics, and preservation of privilege. Enns argues (2008) that as a result of a multitude of variables, and complex interaction between these variables, we all develop multiple identities, which for men are sometimes more aligned with traditional masculinity ideology, sometime less, and that these different identities can be more salient within different contexts within our lives. Preservation of power and privilege from a

feminist perspective would likely serve as a strong contributing factor in terms of identities developed that more closely align with traditional masculinity ideology.

Despite some criticism related to same, strong support as to the validity and reliability of these constructs has been cited (O'Neil, 2008a). However, a considerable amount of research within O'Neil's Gender Role Conflict Research Program has been done with respect to the concept of gender role conflict, not only in terms of its validity as a construct in understanding the male lived experience, but also in terms of how it is linked to numerous types of negative health outcomes for men. These outcomes are conceptualized (O'Neil, 2008a) as either interpersonal or intrapersonal challenges.

Interpersonal gender role conflict related challenges implicitly refer to problems that arise socially and affect others as well as self. Areas (O'Neil, 2008a) such as attachment, parenthood, marriage, overall interpersonal functioning, intimacy, friendship, attitudes toward women, and homophobia fall within this context.

Intrapersonal challenges (O'Neil, 2008a) refer to the internal and individual challenges with respect to one's psychological state when subjected to devaluations, restrictions, or violations. Areas such as depression, anxiety, self-esteem, personality, and substance abuse lie within this context.

There have been over 350 research studies that have studied the construct of gender role conflict using the GRCS-I to date (O'Neil, 2013). The research done within the Gender Role Conflict Research Program, and using the GRCS-I, collectively indicates (O'Neil, 2013) that gender role conflict significantly relates to a myriad of dysfunctional interpersonal patterns, related to shyness, friendships, family cohesion, parenting, attachment and intimacy to name only a few. Similarly, with respect to intrapersonal contexts, the collective results indicate clear links between gender role conflict and any number of internal problems (O'Neil, 2013) related but not limited to self-esteem, anxiety, depression, stress, shame, anger, and suicide.

Substance Abuse

With respect to the area of interest that this proposed research is related to, substance abuse is classified (O'Neil, 2013) as one of many intrapersonal, within self, outcomes that may result from the lived experience of gender role conflict. While only 11 studies had explored the link between substance abuse and gender role conflict, 7 of them found a significant link (O'Neil, 2008a).

Blazina and Watkins (1996) in a study with college men regarding psychological well-being, substance usage, and attitudes toward help-seeking, found a significant correlation between the success, power, and competition domain of gender role conflict and increased alcohol usage, along with a link between the restrictive emotion domain of gender role conflict and more negative attitudes towards seeking help. Monk and Ricciardelli (2003), in their study with adolescent boys and alcohol/cannabis use, found that higher scores on restrictive emotionality predicted increased alcohol and cannabis use. Fahey, (2003) in a study with hospitalized war veterans receiving treatment for substance abuse, found positive correlation with all four factors associated with gender role conflict and ambivalence about changing drinking behavior. McCreary (1999) noted that men with more traditional attitudes about masculinity consume more alcohol. Isenhardt (1993) while using a related scale designed to measure male gender role stress, found that men with high levels of this type of stress abused alcohol significantly more than those with low levels of gender role stress.

It is commonly cited (Blazina & Watkins, 1996; Koruska & Thombs, 2003) and accepted that men suffer from substance dependence on a with more prevalence than do women. Also commonly cited is the notion that substance use, and in particular alcohol use, is in fact intrinsically related to traditional masculinity ideology regarding what it means to be a man (Lemle & Mishkind, 1989). The notion of alcohol use as being symbolic of masculinity and in fact for all intents and purposes a prescribed behavior for men has been proliferated via cultural mechanisms historically (Lemle & Mishkind, 1989). Related to the link between traditional masculinity ideology and substance use are the notions of confirmatory and compensatory drinking (Williams & Ricciardelli, 1999).

Confirmatory drinking refers to “a style of drinking that reinforces an existing image of the self” (Williams and Ricciardelli, 1999, p 324). In other words, confirmatory male drinkers who see themselves as masculine drink as merely a normative behaviour, or a reflection of the traits they accept to be indicative of this. Compensatory drinkers, on the other hand are not so much motivated to drink because it simply affirms their sense of themselves as masculine, they drink as means to change their perception of self and to change the perceptions others have of them. Such compensatory drinkers would likely view themselves (Williams & Ricciardelli, 1999) as less masculine than others, and thus see alcohol consumption as a means to better measure up to the prescribed standards of masculinity put forth in popular culture and to thus convince self and

others that they are masculine.

Capraro (2000) spoke to the notions of confirmatory and compensatory drinking, noting that men consume alcohol within the context of two domains, the first being “simple, apparently uncomplicated, conformity to traditional masculinity – drinking simply because men are supposed to drink” (p. 310) and the second, “that which is informed by complex, perceived inadequacy as men, either from one’s own point of view, or from that of society”(p. 310). Thus, problem drinking and ostensibly substance use in general, is associated with the internal conflicts engendered by the prescribed gender roles most often informed by traditional masculinity ideology.

That problematic substance abuse is prevalent within the male population is well documented. Underlying processes that inform the development of the same have been postulated and theorized about. However, prevalent within the gender strain and gender role conflict literature that make explicit many links between these constructs and problems for men, is the reality that despite the existence of same, many men suffer in silence and do not seek help. This is not surprising with respect to the specific issue of substance dependence, when one considers the prescriptions of traditional masculinity that include the notion that drinking alcohol is in and of itself an expression of masculinity. Seeking help then for substance abuse, for men who subscribe to this ideology, would put the help seeker in a potentially vulnerable position with respect to identity and sense of self. A review of the literature on the nature of help-seeking for men follows.

Help-Seeking

Along with fueling gender role strain and conflict and the myriad of men’s health issues that are correlated to them, ironically, while linked to the development of such problems, traditional masculinity is also linked to lesser likelihood of seeking help. This dynamic has been referred to as “Double Jeopardy” (Addis & Mahalik, 2003, Fahey, 2003, Generali, 2002, Good & Wood, 1995, Hernandez et al, 2014, Wisch et al, 1995) and while the concept may not fully capture all of the internal dynamics that one grapples with when faced with the prospect of seeking help (Good and Wood, 1995) the link between help seeking and gender role conflict that arise from internalized traditional masculinity ideology has been well-studied. Virtually all studies that have been done with respect to help seeking and its relation to gender role conflict have found a correlation between the two (O’Neil, 2008a). O’Neil, in addition to the

inter/intrapersonal contexts that men who suffer from gender role conflict may develop problems within (2008a), also refers to therapeutic contexts, and the links that have been found between gender role conflict and a number of variables related to help-seeking. These include perceptions of treatment helpfulness, expectations of counseling, treatment fearfulness, and preference for kind of psychological help.

Wisch et al. (1995) hypothesized that male gender role conflict would predict attitudes toward help seeking. In their study with a male undergraduate population, they first assessed participant experience with gender role conflict using the GRCS-I and following that had participants view either an emotions-based or cognitive-based therapy video. Participants were then asked to complete a measure of their attitudes toward seeking professional psychological help. Men who scored higher on the gender role conflict scale who viewed the emotion-based intervention video were the least likely to indicate a willingness to seek the type of psychological help depicted compared to the other conditions. Men with lower gender role conflict had more positive help seeking attitudes.

In a similar study with respect to depression (Good & Wood, 1995) and help seeking among college students, the gender role conflict construct related to restrictive emotionality was found to be a strong predictor of attitudes toward seeking professional help. Various researchers (Monk & Ricciardelli, 2003, O'Neil, 2008a, O'Neil, 1981a) have also identified in particular that men who are high on this particular pattern are less likely to have positive attitudes about seeking help as well as less likely to actually seek help. Help for psychological issues most commonly is offered in the form of some kind of therapeutic environment. Gender role conflict has also been revealed to be correlated positively to treatment fearfulness and perception of treatment helpfulness (O'Neil, 2008a).

Commonly noted, however, in the help-seeking literature, is the notion that despite the existence of what appears to be a general link between gender role conflict and the prospect of seeking help, much within person variability exists insofar as predicting who in fact may seek out professional help as opposed to who may not. As noted earlier, the double jeopardy construct, while useful in characterizing and understanding men's help-seeking issues, does not tell the entire story (Good & Wood, 1995, O'Neil, 2008a).

Addis and Mahalik (2003) spoke to this belief, as they propose an approach to helping men in a therapeutic context through an individualistic lens that allows for the conception that not all

men are likely to be equally prone to either seek or avoid help. In support of this, they offer a model for understanding the nature of the help-seeking process men must negotiate when faced with the prospect of reaching out.

Five psychosocial processes are identified. The first of which is that of perceived normativeness of the problem. The degree to which one feels that a problem they may be suffering from is typical of those similar to oneself is thought to impact likelihood of seeking help (Addis & Mahalik, 2003), insofar as perceiving one's problem as common will support the likelihood of seeking help, such that those who have that problem in one's social reference group are seen to usually seek help for the given problem.

The second psychosocial process to be negotiated (Addis & Mahalik, 2003) is that of egocentrality, the question here being: is the problem one is facing a central part of who one sees himself to be. Theoretically, people are least likely to seek help if they view the problem as reflecting an important part of one's self. A man who strongly values the traditional masculinity ideology regarding restrictive emotionality may be reluctant to seek professional help for a mood disorder as it would potentially threaten his self-esteem and sense of self (Addis & Mahalik, 2003).

The third psychosocial process in need of negotiation is that of reciprocity, as men are more likely to seek help if they feel they will have an opportunity to help others in return (Addis & Mahalik, 2003). In this sense, the traditional therapist-client therapeutic environment may be seen as less appealing to some men due to lack of opportunity to reciprocate, as opposed to group therapy setting where such an opportunity may present itself.

The fourth psychosocial process has to do with how one perceives others will react to their decision to seek help, as "Men may experience barriers to seeking help from health professionals when they perceive other men in their social networks as disparaging the process." (Addis & Mahalik 2003, p. 11). The normative judgments by others that may result from one's decision to seek help are thought to be a potentially prohibitive to seeking help.

The final psychosocial process that men faced with the prospect of seeking help must navigate relates to consideration of what there is to lose if help is sought. This kind of cost-benefit analysis is fueled by fear of loss of control, as "Feminist and social constructionist theorists have emphasized how the masculinity norms of self-reliance and the avoidance of dependence help maintain men's access to power and control." (Addis & Mahalik, 2003, p. 11).

Admitting weakness, relying on others, and accepting the inherent power differential that exists in therapeutic contexts are not congruent with traditional masculinity, and thus the prospect of perceiving help seeking as tantamount to losing one's privileged status as a male is a potential barrier to seeking help. As is noted "A man is least likely to seek help for problems that he sees as unusual, especially when he also perceives them as central to his identity. He is also unlikely to seek help if groups of men who are important to him endorse norms of self-reliance or other norms that suggest his problem is non-normative. Finally, help seeking is less likely to the degree that a man calculates that rejection from an important social group, as well as his view of himself as deviant, are costs too great to risk in relation to the help he might receive. This is especially true if he feels he will sacrifice his autonomy by seeking help." (Addis & Mahalik, 2003, p. 11).

Other researchers have studied and theorized about similar psychosocial dynamics. Wade (1998), in a response to the within-person variability that seemed to exist insofar as trying to predict who may seek help for a given problem, introduced the concept of male reference group identity dependence (MRGID), which posits that male gender role concepts are influenced heavily by whether or not they have a reference group, and the degree to which their sense of self is dependent upon the norms endorsed typically by this reference group. Individual men, according to Wade, can be classified in three groups. These include: having no reference group, meaning they are not connected to other groups of men, being reference group dependent, meaning they are connected to other groups of men and a high degree of endorsement to and conformity with traditional masculinity ideology is present, or being reference group non-dependent, wherein men transcend the restrictive definitions of manhood within the reference group dependent milieu (Fahey, 2003).

Having no reference group is associated with identity diffusion, social anxiety, depression and higher gender role conflict (Fahey, 2003). Being reference group dependent is associated with rigid definitions of male identity, anxiety, depression, and gender role conflict. Being reference group non-dependent is associated with higher levels of self-reported self-esteem, and lower levels of gender role conflict.

Fahey's 2003 study of relationships between gender role conflict, male reference group identity dependence and addiction severity, readiness to change, and intensity of drug thinking style found that higher levels of gender role conflict across all domains predicted greater

ambivalence toward changing drinking behavior and intensity of drug thinking style. He also found that having no reference group, or being reference group dependent also predicted greater ambivalence and intensity of drug thinking style.

Other potential help-seeking moderating or mediating variables can be found within the concept of *positive masculinity* (Levant & Wimer, 2014) which speaks to the seemingly conflicting findings in some studies that even men who are apparently suffering from gender role conflict somehow still find it within themselves to seek help. They theorize that some traditionally oriented men are able to do so by virtue of contextualizing the act of help-seeking as in fact an act of masculinity insofar as it represents at least some of the commonly accepted male traits (courage, bravery, endurance, resilience). Addis and Mahalik (2003) speak to the notion of positive masculinity as well, and the idea that some men can overcome the fear of seeking help as a threat to manhood by viewing the act as a necessary means to enable them to continue in their male roles as providers and caretakers.

In one of the few qualitative studies done with respect to gender issues and help-seeking, Sierra Hernandez et al. (2014) interviewed men with depression about their help seeking behaviors within the framework Addis and Mahalik outlined as critical components that serve to characterize the help-seeking process men face. Sierra Hernandez et al. (2014) found considerable correspondence between the model proposed and the expressed experiences of depressed men who had sought help. Their analysis includes the idea that:

A man who (1) perceives his problem as normal, (2) sees the problem as egodystonic (e.g., not central to the self), (3) believes that he will be able to reciprocate the help he receives, (4) believes that others will react well to the news of him asking for help, and (5) does not hold the perception of losing control when asking for help will be more likely to seek help for any particular problem. (p. 347).

Addis and Mahalik's (2003) framework for understanding help seeking for men presents as a valid (Sierra Hernandez et al, 2014) and useful way to understand the dynamics of the help-seeking process for men. For the purposes of this study, an exploration of the help-seeking experiences of male, substance dependent individuals was undertaken with reference to and within the context of the traditional masculinity ideology and male help seeking literature reviewed in this chapter. I believed that results may further illustrate the lived experience of substance dependent men faced with the prospect of seeking help. Additionally, it was thought

that an exploration of this nature may better inform our understanding of, and response to, men who do so.

CHAPTER THREE: METHODOLOGY

Introduction and Overview

The overall purpose of this study was to explore how male, substance dependent, inpatient residential treatment clients experience the prospect of seeking help within the context of traditional masculinity ideology, and the concepts of gender role strain and conflict. Established frameworks (Addis & Mahalik, 2003, Sierra Hernandez et al., 2014) for understanding men's experience of help seeking as well as for understanding how traditional masculinity ideology may impact this (David & Brannon, 1976, O'Neil, 1981, Pleck, 1976) exist: this study sought to add to the understanding of the lived experience of substance dependent men specifically as they navigate the help seeking process.

The research questions developed for this study were:

1. How do substance-dependent males housed in an inpatient residential treatment facility describe their help seeking experience?
2. What forms of gender role strain or conflict may be present for these participants?
3. To what extent might their identification with traditional masculinity ideologies and gender roles impact their help seeking behaviors?

This chapter will describe the methodology used to answer the aforementioned research questions. It will speak to the research approach I took, as well as the rationale for the same. Also, it will describe the research sample sought to gather data from, and the means by which participants in this sample were selected. This chapter will also provide a description of the manner in which I intended to answer the research questions. An outline of the specific research design, data collection, and data analysis methods used is included. Identification and discussion of ethical considerations, issues of trustworthiness, limitations, and delimitations then follows.

Rationale for Mixed Methods Research Design

A common lament throughout the masculinity and help seeking literature is that the vast majority of existing research, particularly with respect to the concept of gender role conflict and its relation to help seeking behaviours in men, is overwhelmingly done from a post-positivist, quantitative point of view (Levant & Wimer, 2014, O'Neil, 2008a, O'Neil, 2008b, O'Neil, 2010, Sierra Hernandez, 2014). A more balanced approach, that gives equal footing to constructivist, qualitative perspectives, is consistently called for given the reality that not all men seem to

experience the prospect of help seeking in the same manner. Even when comparable in terms of the severity of Gender Role Conflict thought to be a factor in one's experience, some men have nonetheless been able to seek help effectively, while others have not. As noted, it is such dynamics that have researchers calling for mixed methods approaches that also honour qualitative traditions in order to explore in more depth the possible risk and protective factors that might be at play.

I believed a mixed methods approach was ideally suited to answer the research questions and to honour the multi-faceted nature of masculinity and help seeking dynamics. Indeed, the very premise of mixed method approaches is that "the use of quantitative and qualitative approaches, in combination, provides a better understanding of research problems than either approach alone." (Cresswell & Clark, 2011, p. 5). Specifically, it is argued (Cresswell & Clark, 2011; Gall, Gall & Borg, 2010) that mixed methods have increasingly been called for in situations where there is suspicion that only single data source may be insufficient in gleaning a true understanding of the problem of interest.

Mixed methods research is rooted in the pragmatic philosophic perspective (Cresswell & Clark, 2011) which is based on the idea that the best manner in which to address and fully answer a research question is through the use of multiple paradigms, be they quantitative or qualitative, and to avoid what may be limiting or insufficient methods that adhere rigidly to an ideological framework on one side of the paradigm debate or the other. Pragmatism (Cresswell & Clark, 2011) calls for a "real-world" approach to research that acknowledges that we create both singular and multiple realities, and honors practicality as far as using whatever data collection means necessary to answer the research question, be they designed to capture objective or subjective data.

It was my contention, as well as that of leading experts in the field of masculinity and help seeking, (O'Neil, 2010) that addressing the research questions from a pragmatic, mixed methods perspective that honours post-positivist and also constructivist ideas with respect to meaning-making, would yield more meaningful and contextual data than reliance on one paradigm or the other. In particular, I felt that a solely quantitative approach to this question would have been insufficient in gleaning information as to the within-person lived experiences of male, substance dependent help-seekers.

Rationale for Convergent Parallel Multiple Case Study Design

Within the context of mixed method design, I felt this study was best suited specifically to a convergent parallel – multiple case study approach. The convergent parallel design implements both quantitative and qualitative strands simultaneously, gives equal weight to both strands, and calls for first independent analysis of each strand, followed by an overall interpretation that assesses the various ways in which the results of both strands converge or potentially diverge (Cresswell & Clark, 2011).

The convergent parallel design under the banner of mixed methodology is thought to be the most common approach to mixed methods research (Cresswell & Plano Clark, 2011), and grew out of the concept of “triangulation” wherein different two different methods of data collection are used to glean a broader understanding of a given issue. As is noted, (Cresswell & Plano Clark, 2011) this model is appropriate when one wishes to “synthesize complementary quantitative and qualitative results to develop a more complete understanding of a phenomenon”. (p. 77). Furthermore, Cresswell and Plano Clark (2011) suggest this design be used in-step with the aforementioned pragmatic philosophical orientation as it is well suited to the tenets noted earlier. Additional criteria offered (Cresswell & Plano Clark, 2011) for the use of the convergent design include that it is felt that both quantitative and qualitative data are needed to fully understand the problem. As noted earlier, where philosophically speaking, I felt that a quantitative analysis as to the extent to which one may suffer from the presence of gender role conflict, as well as identification as to the specific domains of this construct that are most felt by participants, along with a qualitative exploration of the lived experience of this as far as help-seeking is concerned, would yield a more complete understanding than either approach alone. Practically speaking, the GRCS-I itself does not measure anything specific to actual help-seeking, despite the potential predictive properties a given result may possess.

Consistent with the spirit of mixed methodology, and the use of different tools to collect information about and to more fully understand a problem, I carried out this research via a multiple case studies approach. Bloomberg and Volpe (2012) describe a case study as “an intensive description and analysis of a bounded social phenomenon” (p. 31). Bloomberg and Volpe (2012) differentiate between single instrumental and collective/multiple case study approaches. As I, was seeking to explore the lived experiences of more than one participant in order to gain deeper insight and knowledge, the latter approach was believed to be most well-

suited to this research. It is also noted that within case studies, data collection is carried out via multiple methods, which is consistent with a mixed methods approach.

Participants

I utilized a volunteer/convenience sampling approach to select 6 participants for this study. Given my dual role as both the researcher for this study, and clinical supervisor within the setting from which the sample was obtained, and the desire to avoid any perception of coercion on the part of potential participants, this was the only acceptable sampling method. I was mindful of the importance of potential participants feeling free to participate or not, as well as to at any point refuse continued participation, as is emphasized in the sampling literature (Gall, Gall, & Borg, 2010). Criteria for selection required that participants:

1. Were of at least 18 years of age
2. Were male
3. Have been faced with the prospect of seeking help for substance dependency

Participants were sought from a larger population of adult, male clients enrolled in service at an inpatient, residential substance dependency treatment facility. Recruitment took place by way of several “Invitation to Participate” posters placed throughout the treatment centre (Appendix A). As volunteer participants independently expressed interest, they were screened to ensure they met inclusion criteria, and if so were offered the opportunity to participate in the research.

Delimitations

Delimitations refer to the way in which I purposefully narrowed the scope of my research (Bloomberg & Volpe, 2012). Delimitations for this study included the criteria for inclusion as a possible participant (male, 18 years of age or older, substance dependent, have been face with the prospect of seeking help for the same), and the setting (inpatient residential addictions treatment facility) from which potential participants will be considered. As well, I limited the sample size to six participants, so as to enable the gathering of a rich set of data, which would be less attainable with a larger sample.

Overview of Research Design

There are four broad steps to mixed methods convergent design (Cresswell & Clark, 2011). The first is to collect both the quantitative and qualitative data. Secondly, the data must be analyzed exclusive to one another. Third, the researcher seeks to integrate the two sets of data

with one another. Finally, the researcher then seeks to understand and speak to “what ways the two sets of results converge, diverge from each other, relate to each other, and/or combine to create a better understanding in response to the study’s overall purpose.” (Cresswell & Clark, 2011). What follows is a description of how these steps were carried out.

Data Collection

In order to answer the research questions and to better understand the help-seeking experiences of men who cope with substance dependency issues, it was necessary to solicit different types of information in addition to the literature review already carried out. Semi-structured interviews were completed in the interests of answering all three research questions. Administration of the GRCS-I was also done in the interests of more specifically addressing the second research question. Information obtained via these two approaches enabled an exploration of how participants experience and make sense of traditional masculinity ideology and gender roles, and more specifically the nature of and degree to which the participants have experienced the phenomenon of gender role conflict. I sought to elicit a rich description of the help-seeking experiences of the participants in question. This generally can be referred to as perceptual information (Bloomberg & Volpe, 2012) which “refers to participant’s perceptions related to the particular subject of your inquiry” (p. 106).

Some demographic and background information is included to provide a description of who the participants are. Such information is useful to assist in providing grounds for potentially better understanding the perceptual information related to participants descriptions of their experiences with help seeking (Bloomberg & Volpe, 2012).

As noted, in order to acquire the specific types of information needed to answer the research questions, two specific data collection tools were utilized. Collection of quantitative data occurred through the administration of the Gender Role Conflict Scale (GRCS-I) (O’Neil, 1986). Collection of qualitative data occurred through the use of semi-structured interviews.

Gender role conflict scale. The GRCS-I measures four factors associated with gender role conflict. The first, Success, Power, and Competition has internal consistency reliability of .85 and test-retest reliability of .84. The second factor, Restrictive Emotionality, has internal consistency reliability of .82 and test-retest reliability of .76. The third factor, Restrictive Affectionate Behavior Between Men, has internal consistency reliability of .83 and test-retest reliability of .86. The fourth factor, Conflicts Between Work and Leisure-Family Relations, has

internal consistency reliability of .75 and test-retest reliability of .72. Overall, data across all items carries with it test-retest reliability of .88. (O'Neil, 1986). Further research suggests that the GRCS-I possesses good construct validity, and that it has been shown to have “convergent validity with commonly used masculinity measures” and that “the validity data have indicated that the GRCS-I assesses a distinct construct from other masculinity measures” (O'Neil & Denke, 2014, p. 54). In other words, there is evidence to suggest that the GRCS-I in fact measures what it claims to measure. Notwithstanding this, criticism of the GRCS-I includes the claims that (O'Neil & Denke, 2014) the tool is limited in the number of domains it measures, leaving out men's sexuality, homophobia, performance, and health issues. Potentially more concerning is the criticism that the GRCS-I does not possess the capability to measure or consider developmental or psycho-social differences in experience of individuals that may serve to better explain the nature of the gender role conflict one experiences (O'Neil & Denke, 2014). In essence this criticism lies within the belief noted earlier that this purely quantitative data collection tool fails to accurately capture the full context within which an individual arrives at a given severity of experienced gender role conflict.

It is this very criticism around the narrow, out of context nature of the scale that I felt made the additional qualitative data collection component so vital. As noted earlier, this belief is shared by a number researchers in the field who acknowledge the shortcomings of using only the GRCS-I as a tool to understand help-seeking and masculinity.

Semi-structured interview. For the above noted reason, in-depth semi-structured interviews (Appendix E) with individual participants were conducted. As is noted, “At the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of the experience.” (Seidman, 2006, p. 9). Interviewing is considered a primary and integral component to much qualitative research (Bloomberg & Volpe, 2012). Its capacity to shed light on the true lived-experiences of the participants in my study, and to breathe life into the potentially out of context but likely useful quantitative data collected serves as the rationale for my intention to utilize this approach. To enable a curious, yet intentionally focused data collection effort, I utilized an open-ended, semi-structured interview model. A pre-determined set of questions was utilized (Appendix E) to initiate and guide the process, however, opportunities within this context to probe for additional information so as to elicit a thick description from the participants were ample, and taken advantage of whenever possible.

Criticism of the use of qualitative methods such as the interview are well-known, and captured within the debate between quantitative and qualitative researchers as far as validity and reliability are concerned. In addition Seidman (2006) noted the problems of time constraints, relative ability of the interviewer to elicit a thick description, and potential interviewee exploitation as issues to consider. With respect to potential exploitation, Seidman (2006) reminds researchers to be ever mindful of avoiding the trap of using interviewing as merely a means to the researcher's ends, or in other words as an opportunity to influence the outcomes of the interview towards a favorable position that meets the researcher's needs, as opposed to the participant's.

The criticisms noted for each of my proposed data collection tools served to re-enforce my belief that in using a mixed-method approach, I could not only best answer the research question, but also mitigate the potential risks inherent in using one approach at the expense of the other.

Data Analysis

Quantitative analysis. With respect to data obtained via the GRCS-I, results were scored, and descriptive data was gleaned with respect to the 4 domains associated with this construct. Analysis of the data obtained was done via comparing results with established normative data.

Qualitative analysis. With respect to analysis of the qualitative data collected via the interview process, thematic analysis was conducted to analyze and interpret the results.

Qualitative research and analysis subscribes to the notion of interpretivism (Gall, Gall, & Borg, 2010) which posits that reality is something that is constructed by those who experience it, that it is subjective, and is reflective of the meaning any given individual creates in relation to personal experiences. With this in mind, a rigorous approach to thematic analysis was required.

Braun and Clarke (2006) offer a road map as far as engaging effectively in thematic analysis. This road map arose out of their observation that thematic analysis itself was a widely used, but in the past poorly defined approach to analyzing qualitative data. They sought to clearly define thematic analysis and best practices associated with it, as a means to rebut the criticism that it is too loosely defined and applied in many research venues. They also sought to celebrate the inherent flexibility that thematic analysis affords.

Thematic analysis itself is defined as “a method for identifying, analyzing, and reporting patterns (themes) within data.” (Braun & Clarke, 2006, p. 79). Thematic analysis is not specifically confined to any specific theoretical underpinning (Braun & Clarke, 2006) which I feel made it well suited to the mixed methods approach I utilized. In essence thematic analysis is concerned with identifying themes, defined as “something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set.” (Braun & Clarke, 2006, p. 82). Identifying themes is not an exact science, and thus researcher judgement plays a crucial role in this process (Braun & Clarke, 2006). It is argued that themes and patterns can be identified in either of two primary manners: (Braun & Clarke, 2006) deductively or inductively. Deductive approaches can be thought of as based on a pre-existing theoretical perspective, and thus done in a top-down manner, while inductive approaches can be thought of as free of theoretical perspective, and done in a bottom-up manner (Braun & Clarke, 2006). Both approaches were used in this study as part of the data analysis process.

The inductive phase of data analysis included the process of coding the data initially without any concern for a pre-existing framework. This phase was what Braun and Clarke (2006) call solely “data driven.” The initial reading and re-reading of the transcripts was done in so much as is possible, from an inductive point of view. However, as is noted, in order to answer the research questions, it was not possible to completely avoid any and all pre-existing conceptions and biases with respect to the subject matter, or the research aims, and so inductive approaches inevitably gave way to, deductive approaches. Braun and Clarke (2006) refer to semantic versus latent approaches, wherein the former is concerned only with literal interpretation of the data collected, while the latter goes further insofar as looking at the potentially underlying factors that may inform or explain the semantic content. Given that the construct of gender role conflict, and the traditional masculinity ideology that informs it, were new or foreign to the participants, a deductive, latent analysis of the interview content within the context of GRCS-I descriptive results provided richer, thicker and more accurate thematic analysis. This theoretically-driven approach tends to be more reflective of existing research in the phenomenon of interest (Braun & Clark, 2006) and data coding is informed by the researcher’s conceptions of the same

While Braun and Clark (2006) note that both semantic and latent content within the data obtained may be present, it bears mentioning that while some themes emerged via semantic

content, a much richer description of the data was accessible, in my opinion, within the latent content participants' statements encapsulated. As Braun and Clarke note "a thematic analysis at the latent level goes beyond the semantic content of the data and starts to identify or examine the underlying ideas, assumptions, and conceptualizations – and ideologies – that are theorized as shaping or informing the semantic content of the data" (2006, p. 84). More on this dynamic will be discussed in later sections of this document, but suffice it to say that the analysis done via atheoretical/semantic analysis versus that done via theoretical/latent content analysis yielded potentially important answers to different research questions.

Braun and Clarke's six-stage model suggested as an approach to rigorous thematic analysis was utilized. It includes the following:

1. Familiarizing yourself with the research
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Phase one required immersing myself in the data, including transcribing, then actively reading and re-reading multiple times, the data (Braun & Clarke, 2006), note taking, and identifying initial impressions and potential codes for future use. The second phase involved producing actual initial codes derived from the data. Codes give name to an aspect of the data that the researcher finds interesting (Braun & Clarke, 2006) and refer to raw data segments as opposed to broader themes that will be derived later. Coding assisted me in organizing the data in the early stages into meaningful, similar groups. Beginning with a large number of codes served as the basis for identifying a lesser number of themes. The third phase of the process was concerned with exactly this, wherein I analyzed the various codes as far as how they might inform an overall theme (Braun & Clarke, 2006). Mapping, or visual representation, assisted in making sense of the coded data. This process ultimately elicited the formulation of a list of possible primary and secondary themes (Braun & Clarke, 2006). The fourth phase involved the refining of these potential themes, wherein I re-read the coded data thought to be associated with each theme, and considered whether they truly are reflective of the same. The next task (Braun & Clarke, 2006) required re-reading the entire interview to again consider whether the theme

being considered is an accurate representation. This also provided an opportunity to note any potentially missed data that might also support the inclusion of the theme. The fifth phase involved, once satisfied that the thematic map I had been creating provides an accurate representation, defining and finalizing the naming of the themes, in preparation for the final phase, which involved reporting the findings.

In undertaking such a prescriptive and rigorous process, I anticipated being able to mitigate potential for poor or faulty analysis, and specifically what is referred to as “anecdotalism” (Braun & Clarke, 2006) wherein an instance or two of something seemingly reflective of a potential theme is used to justify the inclusion of such a theme in the final reporting. In addition, Braun and Clarke offer a 15-point checklist (See Appendix F) as criteria for quality thematic analysis served as a guide as I engaged in this process.

After analyzing both the quantitative and qualitative data separately, consistent with the convergent mixed methods design utilized (Cresswell & Plano Clark, 2011), I sought to compare, contrast, and discuss in what manner the data converged or diverged, in an effort to synthesize the two types of data and ultimately arrived at as complete an understanding of the research problems as possible.

In general, the qualitative data (and in particular the semantic analysis informed themes identified) proved most relevant to the first research question, while both the quantitative and qualitative data (in particular the latent analysis derived themes identified via reviewing the transcripts within the context of traditional masculinity ideology/help seeking frameworks) were especially pertinent in terms of answering the subsequent research questions.

Ethical Considerations

Of paramount importance throughout this research process was to take measures to ensure that all activities associated with the research met or exceeded ethical standards. Approval to proceed with this study was obtained via the University of Saskatchewan Behavioral Sciences Research Ethics Board application process. Also, given the sample was derived from a publicly funded health service, further ethical approval was sought and obtained through the health organization’s own research ethics approval process.

Bloomberg and Volpe (2012) noted three primary ethical considerations inherent to any research including but not limited to the notion of informed consent, protecting participants from harm, and confidentiality.

With respect to informed consent and confidentiality participants were provided a written informed consent form (Appendix B), which included a description of the purpose and objectives of the research, the procedures to be used, potential risk and benefits to participation in the study, as well as a summary of measures to be taken to ensure confidentiality. This document also informed the participant of their right to withdraw from participation at any time, if they so chose. After careful review, participants were asked to sign this form as a precondition of inclusion in the study.

With respect to protecting participants from harm, it was anticipated that minimal risk would be inherent in this study, however, it was anticipated that participants may find that discussing their experiences regarding help-seeking elicits potentially distressing emotional responses. Fortunately, any such risk was thought to be mitigated due to the fact that participants were engaging in this process within the context of a supportive, structured environment in which there was access to professional counselling support on an immediate and ongoing basis, if so required. Another safeguard was that a list of community based counselling resources was provided to each participant should they need to access same once no longer a client at the centre.

Issues of Trustworthiness

Validity and reliability are the hallmark constructs associated with issues of trustworthiness (Bloomberg & Volpe, 2012). Four areas (Bloomberg & Volpe, 2012) were addressed in various ways as part of the methodology approach utilized.

Credibility refers to whether the researcher has effectively and accurately represented the perspective of the participants in the study (Bloomberg & Volpe, 2012). As a researcher, and as a male, I anticipated being faced with the prospect of personal bias, and the challenge of minimizing the same as the research was carried out, particularly with respect to the qualitative stream. In the interests of ensuring credibility, I attempted to mitigate the risk of personal bias, and the “anecdotalism” mentioned previously, through established best practices with respect to qualitative research (Bloomberg & Volpe, 2012, Gall, Gall, & Borg, 2010), which include triangulation of the different sets of data, through the use of multiple methods of data collection inherent in the mixed method approach. Additionally, I sought to increase credibility via “member checks” (Bloomberg & Volpe, 2012) which included provision of copies of the transcribed interviews as well as summaries of my analysis for review by participants. Feedback

was solicited, however none of the participants expressed that I had not accurately represented their point of view. Peer debriefing (Bloomberg & Volpe, 2012) is yet another credibility building action that was undertaken, wherein I solicited colleagues, one professional, and another a member of my Master's program cohort, and requested that they review my transcriptions, notes, and analysis to either confirm conclusions or alternatively be exposed to alternative perspectives. I met with these individuals to discuss, and while in general there was consensus on my understanding of the data, this process also yielded important insights. In all cases, care and caution was taken to de-identify the material being reviewed or discussed so as to ensure confidentiality was maintained.

Dependability (Bloomberg & Volpe, 2012), as noted, "refers to whether one can track the processes and procedures used to collect and interpret the data" (p 113). The primary tool utilized to ensure this was the creation and maintenance of an audit trail, which required meticulous written detail throughout the research process to illustrate the processes and procedures used. Inter-rater reliability (Bloomberg & Volpe, 2012) involves the practice of asking colleagues to code transcriptions themselves, as a means to compare perspectives and ensure consistency. Inter-rater reliability was sought by asking the aforementioned professional colleague, as well as masters program cohort member to engage in this process.

Transferability refers to "how well the study has made it possible for readers to decide whether similar processes will be at work in their own settings....by understanding in depth how they occur at the research site" (Bloomberg & Volpe, 2012, p. 113). Given the small scope of this study and the small sample size proposed, generalizing the findings of the research to larger settings is not the primary goal, however every measure was taken to provide the reader with a comprehensive, accurate, and meaningful depiction of the help-seeking experiences of the men who served as participants in this study.

Summary

This chapter included an overview of the methodology adhered to for this research. My intention was to, within a multiple case study context, utilize a convergent parallel mixed methods approach to examine the help-seeking experiences of male, substance abusers, with reference to the concept of gender role conflict. The researcher utilized a scaled measure to assess gender role conflict, as well as interviews to assess the other aspects of traditional masculinity ideology, the prevalence of same, and the interplay between those, gender role

conflict, and help seeking experiences for men who are substance dependent. I analyzed and reported on the collected data separately, and then in an integrated manner along with the concepts explored within the literature review, in order to gain as rich an understanding of these experiences as possible. Specific measures were taken to increase reliability and validity, as well as ethical research practice.

Chapter 4: Results

A convergent parallel, mixed methods approach was utilized to obtain the results of this study. The research questions I intended to answer were:

1. How do substance-dependent males housed in an inpatient residential treatment facility describe their help seeking experience?
2. What forms of gender role strain or conflict may be present for these participants?
3. To what extent might their identification with traditional masculinity ideologies and gender roles impact their help seeking behaviors?

Both qualitative and quantitative methods were used in gathering data in order to address the established research questions. What follows is an introduction of the participants in this study, and subsequently a report on the outcomes of the aforementioned data collection process within the context of each of the established research questions. With respect to the data extracts chosen for inclusion in this report, it should be noted that in the interests of clarity, continuity, and brevity, utterances such as uh, umm, and the like have been omitted so as to best illustrate the essence of each extract.

Contextualizing the Data – The Cases

Inclusion criteria for participation in this study consisted of being at least 18 years old, male, and having been faced with the prospect of seeking help for substance dependence. All of the participants met the noted criteria, with some having only recently sought help for substance dependence, and others having faced this prospect on a number of occasions. All of the participants in this study had sought formal, inpatient residential treatment for substance dependence, and were at the time of the data collection, enrolled in such a service. Most had also been receiving some kind of outpatient, community-based services for varying lengths of time. An introduction to the participants follows:

Walter – Walter identified himself as a First Nations Canadian male. He was in his late 40's. He had a Bachelor of Education Degree, and worked at an on-reserve school in northern Saskatchewan. He was the father of 3 adult children, and described himself as the primary caregiver for them as they grew up, as he had become estranged from their mother. He described a life-long relationship with alcohol beginning in his early teens, and that alcohol was a near constant presence in his life, as well as within his family for as long as he could remember. He

described a number of influential and unfortunately traumatic events over the course of his life that served to shape his help-seeking experiences.

Adam – Adam was a married father of 2, and was in his late 20's. He worked as a heavy-duty mechanic, and enjoyed activities such as hunting and fishing. He described an escalation in his relationship with alcohol as time passed, and positioned his help seeking experience within the context of him facing a number of consequences potentially with respect to employment and legal issues, as well as his own health and with respect to his relationship with his partner.

Don – Don was a married father with two children, and was in his early 60's. He was a retired, formerly successful businessman and entrepreneur. He described a life-long relationship with alcohol, however he contextualized this relationship within a recent health issue and subsequent forced retirement that demarcates a significant worsening of his substance abuse, and his help-seeking experiences are situated within that context.

Jason – Jason was a single male in his late 20's. He was employed in the oil-industry as a labourer. Jason was not involved in a romantic relationship, and had no children. He described a problematic relationship with both drugs and alcohol beginning in his teenage years. His help-seeking experience was situated within the context of challenges associated with living a street-lifestyle, as well as a number of traumatic events that had occurred within the context of this lifestyle.

Nathan – Nathan was a single male in his early 20's. He was unemployed, and had no children or significant other. He described a problematic relationship with both drugs and alcohol beginning in his teenage years, however he contextualized his substance abuse help-seeking experience within both recent and past traumatic events.

Kyle – Kyle was a single male in his late 20's. He was not in a romantic relationship, and had no children. He described a problematic relationship with both drugs and alcohol beginning in his teens, and escalating over the course of his life. He contextualized his substance abuse and his help-seeking experiences within the framework of childhood trauma, and the subsequent impact this has had on him going forward.

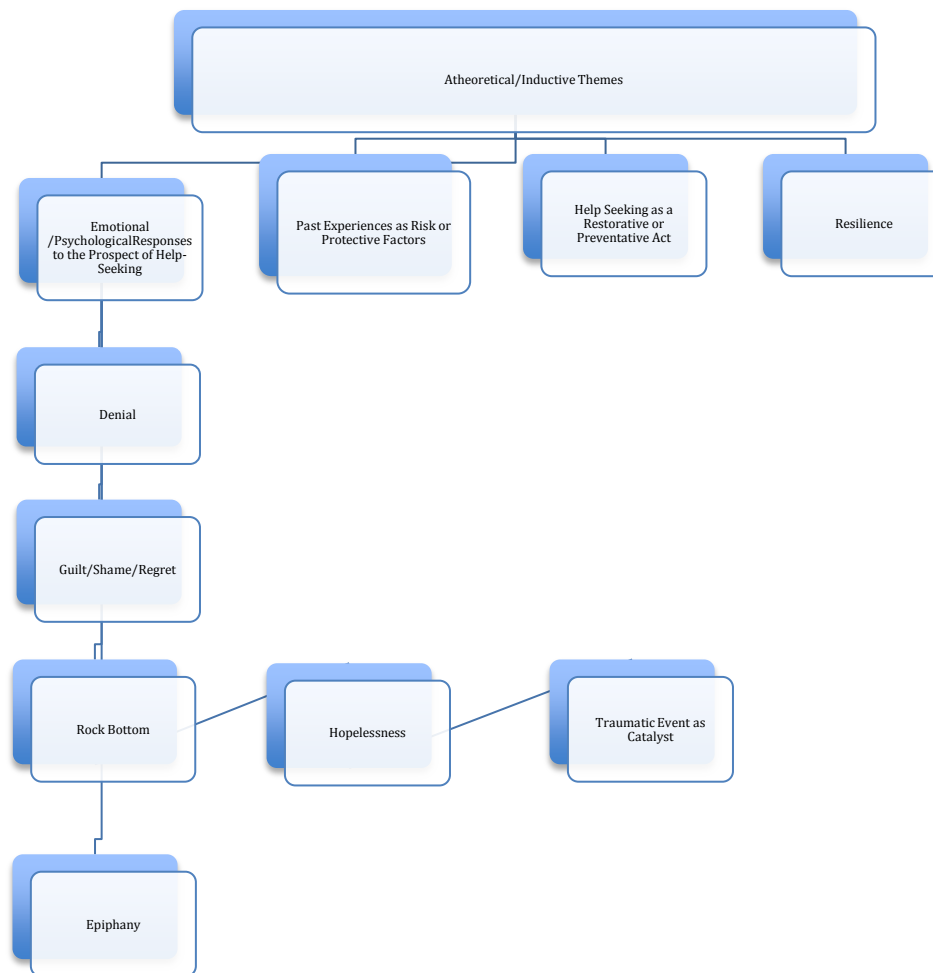
Research Question #1

How do substance-dependent males housed in an inpatient residential treatment facility describe their experiences of help seeking?

Atheoretical Themes

In relation to the first research question regarding how substance dependent males describe their help seeking experience, themes were identified via a primarily inductive process which yielded 4 over-arching categories: Emotional and Psychological Responses to the Prospect of Help Seeking, Past Experiences as Risk or Protective Factors, Help Seeking as a Restorative or Preventative Act, and Resilience. Sub-themes with respect to the theme of Emotional and Psychological Responses to the Prospect of Help Seeking were further identified, and included Denial, Rock Bottom, Guilt/Shame/Regret, and Epiphany. Further sub-themes specifically related to the Rock Bottom theme included Hopelessness, and Traumatic Event as Catalyst. A summary of these themes and sub-themes follows:

Figure 4-1 Atheoretical Themes and Sub-Themes



Emotional/Psychological Responses to the Prospect of Help-Seeking

Most striking when considering the manner in which the participants described their help-seeking experiences was the intensity and complexity of emotion and psychological distress apparent in the lived-experiences of the participants in facing the prospect of help-seeking. Regardless of the themes identified, consistent within and across all participants was the conveyed sense that their journeys were rife with an array of emotions, that impacted their help-seeking experiences significantly.

Denial. Without exception, denial appeared to be a central and important element of the help-seeking experience for the men I interviewed. It was referenced continually. Additionally, it was seen uniformly as a barrier to seeking help as opposed to a catalyst, something to be navigated, reckoned with, and overcome over time. Common in the vernacular within the addiction and recovery field is this notion of denial, and the imperative that one must confront it. Indeed, the first tenet of the Twelve-Step Program, seen by so many as the pathway to recovery, is rooted in this concept of coming to terms with one's reality and recognizing that a problem exists. In reference to this, Step One requires that "We admitted that we were powerless over alcohol, and that our lives had become unmanageable." (AA World Services, 2001). A number of statements made by the participants serve to illustrate this. Adam stated:

... admitting you're powerless over alcohol, well I admitted that years ago... I just...at that time, life wasn't unmanageable. I was still paying my bills, I was still going to work, I was still taking care of my kids. But the unmanageable part, it took a while...to see that or to see it as unmanageable. (I felt like) 'I'm powerless, but I can manage it'.

Don also highlights some of the internal dynamics associated with the notion of denial.

He stated:

Denial on my part for sure. Yeah absolutely 100%. I really didn't think I had a big problem. All my friends did though...and I find a lot of people are so far gone, that their mental health isn't capable of telling them they need help. They're just too far gone...I think guys have that stumbling block, where they're afraid...to admit they have a problem...I don't think I was afraid to admit it. I didn't wanna know it. That's a way of saying I'm afraid to admit it I guess. I didn't wanna, I just didn't wanna know that...after all the things you did that were so good, why are you gonna end your life with something so bad.

Nathan described his own ongoing battle with taking ownership of and acknowledging an apparent problem, as well as his seeming awareness of the irrationality of maintaining some kind of plausible deniability, despite all evidence to the contrary. He stated:

Yeah, basically. My life is in chaos. I'm still, I'm still you know, in denial, like as in the fact that I think that I can, you know, control this enough, and get it back in enough order to be where I...at one time I did have it in control, I guess. Maybe in a sense it felt like control but really you never really do, because it's gonna take off no matter what. Like now I see that.

Kyle provided his own understanding of the prominence denial had on the maintenance of his destructive lifestyle, and of the now understood irrationality of it. He stated:

I was in denial...at least now I think I was in denial. And, you know, I wasn't at the point where I thought my life was unmanageable...I still was persistent in saying I could manage it, still in denial, and that's addiction...being the compulsion and the obsession to go back to it even when all circumstances point to getting help...that euphoric recall where I only remembered the good, and that release...of the sickness when I used that drug the first time overtook all rational thought ...I was doing everything in my power to say , you know what, I can make more money, so then I just can mask this problem.

Central to this theme also was the impact that denial evidently had on other emotional or psychological responses to the idea of help-seeking that were identified, all of which made help-seeking less likely. The following sub-theme is representative of the manner in which the participants spoke of some of the additional effects denial can have on help seeking behaviors..

Guilt, Shame, and Regret. Consistent within and across all participants' descriptions of their help seeking experiences with respect to substance dependence were strongly felt emotions of guilt, shame and regret. This triad of different, but related psychological states often arose out of participant insight into the unfortunate reality that the aforementioned state of denial, so central to everyone's experience, had cost them precious time, and prolonged their suffering. Participants described realizing that had their recovery process been navigated in a more timely manner, this may have resulted in the avoidance of a range of unfortunate consequences. Accompanying this, the participants tended to blame themselves for not having been able to take action sooner, often ascribing this to some sort of deficiency of character, as opposed to it being

a testament to the power and persistence of addiction in and of itself. The following extracts serve to illustrate this sub-theme, beginning with Walter, who stated:

I did that (quit drinking). No big deal about it. I did it. But I missed, the only problem was the alcohol was influencing me. I coulda done...way, way, way better. On a scale of 1-10, maybe I was a 7 on raising my kids. Same with...all the things I've done.

Adam focused specifically on the shame he felt, as he stated, "When I first kinda came out and was telling people, it was, like I had hit rock bottom. I was so embarrassed, and so ashamed of who I'd become, and what I'd been doing." Jason's experience as well, was representative of this triad, as was evident when he stated, of his struggle to ask for help:

I didn't wanna be that person, that kinda chose between this lifestyle (substance use), and not this lifestyle (sobriety), but now that I wanna come out of this lifestyle (substance use), I'm not coming to knock on your guys' door to just try to beg for you guys back....I felt, I felt guilty, because I just pushed a bunch of good people out of the circle just for some egotistical reason, that...I felt like I didn't deserve to have that, because you know...I'm the one that pushed them out of my life. And now, who am I to come back into your life and say, 'Now I need you again.'...I have a lot of guilt on my shoulders for the stuff I did.

Nathan described his own inner struggle with taking ownership of his supposed shortcomings, and did so within the context of not only his own disappointment in himself, but also from a spiritual perspective, what he perceived might be God's disappointment in him. He went so far as to wonder whether he is worthy of forgiveness for his supposed sins, when he stated:

I guess, it just made me feel like a waste of potential. I didn't even wanna tell God about all the bad things I've done. Cause it's just like, Why? It's like, 'God might forgive me,' but there's still part of me that doesn't wanna be forgiven I guess maybe.

And finally Kyle, in describing his experience, bluntly lamented the lost time suffered due to the ongoing struggle with denial he endured. He stated, "I'm asking myself today, why the hell did I not do this 8 years ago?" This type of refrain was central to the descriptions provided by the participants.

Rock Bottom. Common in the vernacular used across all participants in recounting the journey experienced toward the eventual act of seeking help all six participants ultimately

arrived at was the construct consistently termed as realizing that one has hit “rock bottom.” Consistently, both hopelessness about in terms of being able to somehow manage or contain the substance dependence and the experience of traumatic events served as catalysts for seeking help, and these catalysts were often contextualized by participants as part of an overall belief that things could not be worse, and that getting help was at this point the only option.

The mantra that one needs to hit “rock bottom” in my experience in working in the substance dependency field is certainly often cited. Common is the refrain when speaking of those who relapse, or discontinue from inpatient treatment is that the individual must not yet have reached their “bottom” and that once enough pain and suffering has been experienced recovery will then be possible. Don speaks to this refrain, and in addition seems to suggest that he feels there may be something inherent, but somehow normal to the male experience that reinforces the idea that for change to occur, one must have hit “rock bottom.” He stated, in reference to putting off the act of help-seeking as long as possible, “...I think that’s what most guys do, they, they need to hit bottom way more than women need to hit bottom.”

Nathan offers this conceptualization of the rock bottom theme in recounting the experience of a male friend:

(He was) trying to sober up because, well he wants to do that or he won’t have a family, so, I guess he hit his bottom...at an early age. Yeah I think it’s...I’m not saying oh that’s good that he hit his bottom, but it’s good to hit your bottom at an early age, because I could, I know some people, their bottom is death. (Nathan)

And then, in describing his own experience:

I know it took courage and it basically just...it was like I had no choice but to sober up. Otherwise there was no other option, but I was gonna...I wasn’t gonna go anywhere. There was no other place to go. That was like the last resort. I had to go. You know I hit my bottom.

Kyle again specifically referenced this term, as he stated:

In 2013, I went to treatment in Ontario. That was just, pretty much...I was at a bottom at that point...I realized I needed help was probably...when my cash flow, about the age I’m thinking was about 19 or 20 years old, when I was making, you know, at least a thousand dollars a week. And I was doing more substances than the amount I was making.

The seemingly ingrained idea that help is to be sought only once one has arrived at a state of total defeatedness after all other options have been exhausted presented as central to the manner in which the participants described their help-seeking experiences.

Hopelessness. A sub-theme identified within the way in which the participants tended to describe their help seeking experiences within the context of the concept of hitting “rock bottom” was the notion of hopelessness. Nathan went on to illustrate the utter hopelessness seemingly felt by the participants when approaching their “bottom” in discussing his own experience, as he stated, “I tried to kill myself...so I figured I’d obviously need to quit doing drugs because I can’t afford my addiction anymore.” And in making further sense of the rock bottom concept, Nathan stated:

Their hopelessness goes so low when you’re doing that, it’s uh, suic - ...when people... go into suicidal, they get to a point where...nothing else matters. I mean there’s nothing, ...they don’t think that anything matters. So it’s like they don’t think help is gonna help...If they’ve just seen misery all their life, then why is it, how is it even possible that the thought of...you know, ‘maybe there is something that can help me out there’

Kyle lent further evidence to support my inclusion of hopelessness as a state of mind indicative of the help seeking experiences of the participants, as he stated:

So, I think, yeah, two things...one word that struck me, was desperation....That I had no other, I...just surrendered to the fact that my life was unmanageable, that it was desperation...I got to the point of homelessness and despair, and it was like a gift of desperation.

Traumatic event as catalyst. This theme was identified as a second sub-theme associated with the “rock bottom” theme. It should be noted that while not always as linear as may be implied here, almost without fail, each participant, in telling his help-seeking story, as it progressed from various stages of denial, guilt, shame and regret, and then into further approaching rock bottom status, highlighted and seemed to demarcate traumatic events as catalysts, both for the worsening of substance dependency, as well as toward the act of seeking help.

Walter told his story of a vehicular accident in which, during an alcohol-fueled domestic incident, he was run over by a car driven by his partner, and that this served as a turning point in his awareness of the need to seek help. Don identified his diagnosis of cancer as catalyst for

worsening alcohol dependence, which in turn fueled deterioration in his relationship with loved ones, which served as a primary catalyst to seek help. Jason recounted being witness to a violent act within the context of his street lifestyle as the “turning point” for him along his help-seeking journey. Nathan identified that he attempted suicide as a result of feeling hopeless about the possibility that things could get better, and that surviving this was taken by him to be a sign that he was meant to live, which required recovery from substance dependence, which necessitated asking for help. Kyle identified the drug overdose of his brother as catalyst to help-seeking. As Walter noted, after being struck by a car driven by his partner, during a domestic dispute, and then waking up in the hospital, he remembers stating to her, “Let’s quit drinking...I just looked at her and said, let’s quit drinking.” Similarly, Kyle stated,

Yeah, it took someone dying in my life. To have that traumatic event. So about the people that haven’t had a brother that they lost, I can imagine it would be hell for them to engage someone and say, ‘I wanna go get help. Whaddya think?’ You know, ‘You’re a pussy.’ You know?

Adam was the only participant who did not specifically highlight a traumatic event per se that served as catalyst for seeking help; however, his catalyst to seeking help seemed to be the intense desire to *avoid* what seemed inevitable if he continued to leave his problem unaddressed. He said in reference to the act of asking for help:

Oh I was just scared. I was so scared. Scared that...that I had hurt my body to the point of no return. Like, I was really scared about my liver, I was scared that I wouldn’t be around for my kids, that I, you know that I had actually done some serious damage...

Epiphany. The fourth sub-theme identified under the over-arching Emotional/Psychological Responses to Help Seeking theme often stemmed from the aforementioned traumatic events. This theme has to do with the importance placed by the participants on the notion that at some point, in order to take action on the now realized need to seek help, an “A-ha Moment” or as the theme is entitled, an “Epiphany” at some point occurred. This epiphany seemed to be associated with finding the courage to say to one’s self, and to others, that one can no longer afford to worry about perceptions or opinions others may have of one’s choice, as a man, to seek help, and fears associated with the prospect of doing so must be overcome. Walter noted, when asked if how he felt about societal messages about men asking for help, “That’s all there. That’s all garbage.” Adam elaborated on this theme as well:

I'm starting to get a clearer head on things, big picture and young family and stuff, I don't care anymore who knows...judge me all you want. I don't really care...I mean I guess I spoke a little bit about just how, what I thought other people would think when I come out and maybe that has something to do with that, right? I didn't wanna...but having said that, that's long in the rearview mirror. I don't really care about that anymore...I'm well over that. It's not about other people anymore, or what they think, or talk about. I don't really care. I truly don't care. I'm not just saying that.

Jason described in blunt terms his transformation from feeling impeded by his fears and assumptions about help-seeking, to his newly developed determination to be free of these fears:

Yeah, like, you know before this program I was the same way, you know, if someone said 'Yeah I'm in Calder' I probably would have just laughed at 'em, like, 'yeah, you must have some serious...issues bud if you're at Calder right now.' Like, that's how I would have been before...Oh, I know for sure there's gonna be lots of people that are gonna laugh at me, and just think it's a big joke...I know that there's gonna be people...that once I get outta here...I think I've accepted the fact that that's how it is, and you know and now I've, like, I don't need them in my life. That's how it's gonna be, like, yeah whatever if you wanna kind of joke around with it a bit like, whatever, each to their own, but if you're really gonna judge me that much for coming here then you're not, you shouldn't be a part of my life.

Nathan also offered a powerful account of his emerging awareness regarding help-seeking:

Success now, well...I still, I don't really have an idea of where I wanna go with my life right now. I know I wanna recover, and I wanna be a more compassionate and caring person, which most people don't wanna show that...I didn't wanna show that at all. And when people showed that before I was like, 'Oh (expletive)'...(laughs)...This place gives you a lot of strength...If I can keep that out there I think I can be successful...I realize there's nothing, ...really, you know, uh, manly about, you know, living like that.

In discussing finding the courage to ask for help, and lamenting the impact societal norms have had on him, Nathan says:

I can't really expect them to understand. They have to get here on their own. I tried to convince my one buddy that it's not a bad idea and there's good about it...he...made fun of me...I can't convince people, I can't go around, you know, like people do and go door

to door with bibles, and...start preaching NA and AA to my friends...it wouldn't be good for my recovery and it wouldn't help them, so...right now I want to embrace my emotional side. I want to be empathetic and you know I want to be caring of people, and you know I want to cry more. I don't really cry. So, like most people are, like before, are like, 'Oh you wanna cry? (expletive) pussies.' But...now it kinda makes me mad a little bit that I can't...When you treat a dog like (expletive), of course they're gonna bite. So we're being, we're learning to be like that right? We're learning to be angry and what not, and...that's what it is, basically. Because they're like mad at pitbulls or something because people are kicking the (expletive) out of them, making them fight each other. So they're wondering why people are getting bit? Well maybe stop teaching them it. Right? It's almost the same aspect...in a sense we're being treated like animals instead of human beings....If you treat an animal nice, like a wild animal you can't really change that, but if you treat like a pet nicely, it's gonna turn out nice...You know, if you show your pet compassion and whatnot, it'll love you like that. But then, if you treat, if you show men that they're not supposed to show love then the consequence for that could be like, unhealthy relationships. ...And I guess, like, most of your relationships probably would be affected. Because...if you're shutting out emotions and feelings, then it's gonna...from my experience when you shut out emotions and feelings, it comes out sideways, in unhealthy actions or behaviors that aren't, that shouldn't be considered...shouldn't be considered good, but they are glorified by media.

Kyle also described his own transformation, from first being bounded by fear, and wrestling with ambivalence, to then, after a traumatic event, suddenly finding the strength to face his fears. When talking about how he sometimes initiates himself a conversation with someone he thinks may be judgmental of him seeking therapy, he stated:

I do that just to make that blunt point that 'Hey, I lost my brother, I'm getting effing help, and you're gonna be ok with it. I don't care what you say'...but it took me a while to open up to that because before my brother passed away, like I said, I wouldn't have had gotten that help...Like that critical mass right? Once that critical mass is reached, like the straw that broke the camel's back, you know?...Yeah, it empowers me. I'm enthusiastic because the more I bottle it in...It's liberating.

Past Experiences as Determinants of Help Seeking Behavior- Risk or Protective Factors

The second over-arching theme identified as inherent to the manner in which the participants described their help-seeking experience is rooted in their conceptions of how past experiences have served to shape their overall help-seeking perspectives. This theme speaks to what presents as an awareness on the part of the participants of the socially constructed nature of both the development of problems, as well as the nature of the journey towards seeking help. One participant spoke to this dynamic in an almost fatalistic sense, in lamenting what seemed to be a powerful predisposition toward the development of substance dependence. Nathan noted, in speaking of the strong likelihood of developing an addiction coupled with the equally strong likelihood that help-seeking will be difficult, “If they’ve just seen misery all their life, then why is it, how is it even possible, that, like the thought of maybe there is something that can help me out there.”

Within the “Past Experiences as Determinants” theme there emerged a dichotomy in terms of the way participants made sense of this. Notably, these past experiences were spoken of both in terms of serving as risk factors, as well as protective factors.

Risk Factors. Acknowledgment of the risk factors inherent in an upbringing that took place in a dysfunctional setting, Walter noted: “I basically grew up with it in my family, everybody drank back then, still does...And I drank just to fit in.” Adam described how he makes sense of this specific type of risk factor, however notes that for him this type of risk based on the normalization of substance use was not present:

I feel that my opinion that, if you’re being brought up with your dad drinking every day in front of you I think that’s more, you’re more susceptible to alcoholism than you would be if, you know, your parents didn’t drink.

Nathan, in more detail, described a number of risk factors he was subjected to:

My dad passed away when I was 6, so I guess that was painful and whatnot, and I was bullied in school and whatnot...when I was 17, I figured out I had some sexual abuse when I was really young... I don’t know why some people, maybe it really is just that maybe the deciding factor is like the product of where they were growing up and the people that they were around and whatnot. That could be a big part of it.

Kyle also identified how he makes sense of the lack of father figure in his life, as far as how that may have predisposed him to substance dependence, as well as reluctance to seek help:

I'm still...up in arms whether or not having a father had a lot to do with (having difficulty asking for help)...One main one I think also was not having that father figure in my life, I think was a huge reason to why I started rebelling and getting f'd up...I just had to learn a lot of things...the lessons we learn in life, from the media. When the family is broken down, I've learned that today, just from experience, that the media, my teachers, my coaches, you know, and by media I mean mainstream media, like the television and the radio...basically that was what I was calling 'the system', the male figures...on the movies and on TV and radio, magazines, those male figures were the ones that I was trying to put into an image of what I was missing...Yeah, playing catch with my dad, you know, remembering all that, I didn't have that. So, I had to pretty much create an image of what a father would have been like for me...And the image that came to my mind was one that made me angry, you know? Like that men aren't supposed to have feelings...I was very susceptible to the influence of the conditioning done by the mainstream media with the commercials because I didn't have a father, you know? This 'be a man', you know, 'don't have emotions'...and because of that, because of the destruction of the family unit, I had a void to fill, and there was nothing to fill it but what I learned from my teachers, from the media. I would love to see the correlation between drug use and divorced families or single parent families...My lack of having a father was a huge factor...

In general, in terms of how past experiences may have served as risk factors predisposing one to avoid help seeking, both the normalization of substance use in one's family as well the role-modeling on display by men in their lives in terms of asking for help were often cited.

Protective Factors. Despite the clear sense that past trauma had significantly impacted not only the direction of the lives of the participants, but also the degree to which pain and suffering was seen as normal, hence impacting the act of seeking help, also quite prominent within the descriptions of the help seeking experiences as described by the participants was the theme that past experiences could also serve as protective factors. Again, in spite of the many risk factors serving as possible catalysts towards addiction and despair, all six of the participants served as examples of men who have done something, in asking for help, that was statistically unlikely. Most participants identified within what was often an upbringing that was rife with dysfunction and trauma, elements that likely served as catalysts toward ultimately finding the

strength needed to reach out for support. In many instances there was an identification with key individuals who served as exceptions to the norm that provided support and encouragement toward a different way of living.

As noted, Walter had stated that “everybody” drank in his social sphere, but he went on to note that there were exceptions. He spoke of elders in his community who were crucial in providing him a point of reference regarding this different way of living. He stated:

And those are the people that used to tell me, ‘Keep going to school. And don’t get involved with certain people’...I listened to them...And they expect me, not expect me, but, they know what I’m gonna go through and they let me know, ‘If you need anything’, so...

Adam identified his mother as someone who served a similar role:

My mom was very strict growing up. She was basically a single parent right? She was young, she had me at 17, so we kinda grew up together almost, right? She was very, very strict with that sort of thing for sure. You know, I can remember high school and stuff, girls would phone all the time, and she’d always remind me that, you know, my wife now, I was dating at the time, she’d always have to remind me that she’s still there...not that I ever fooled around or anything, but she was always the first one to say, ‘I don’t care who you date, but you date one.’ You know what I mean? She was very strict with stuff like that.

Nathan and Kyle note that despite other traumatic aspects of their upbringing, their mothers as well served a crucial and similar role. Nathan, in speaking to this dynamic, when discussing how it might be that he has done the statistically unusual and sought help, stated:

I grew up in a house that wasn’t, that drugs weren’t approved of and drinking, you know, the idea of an alcoholic and drunk was something really bad, so...it was really bad that I was doing it. So...in the house that I grew up in, drugs or alcohol were never really accepted. So maybe that’s another aspect of my life that’s different than theirs. Because a lot of people always talk about, they’ve...been around drugs and that their whole life, so...it’s a learned behavior they learned at a young age, that drugs and alcohol are ok.

Kyle made specific reference as well to the irony of the fact that while painful and impactful to have had to experienced the divorce of his parents, and to have not had a father figure present in his life for the most part, this reality also afforded him the opportunity to be

exposed to a different kind of masculinity, as he spent summers in Europe visiting his biological father, and noted what he felt was a distinct difference in terms of the level of adherence to traditional masculinity ideology there as opposed to here. This was reportedly important to his construction of his own concept of masculinity, and as with the others in identifying specific aspects of past experience, served to provide a frame of reference that included the notion that masculinity can involve the act of seeking help.

I think it's a learned...I think it totally comes down to the social or societal, the societal influences, because in the Netherlands they are very liberal. There can be 2 gay men walking down the street holding hands and making out and no one blinks an eye...but I do believe that culture where I'm from is way more liberal.

In this sense, a number of participants seemed to point to some aspect of past experience that served to support the questioning of the traditional view of men as it relates to asking for help, and that these experiences may have ultimately played a role in enabling them to consider the possibility of, and find the strength to, step outside of these traditional views later in life.

Help-Seeking as a Restorative or Preventative Act

The third over-arching theme identified was that of help-seeking ultimately being talked about as either a restorative or preventative act. Restorative, in the sense of seeking help in order to regain things that may have been lost due to one's addiction, and preventative, in the sense of seeking help as a means to avoid having to experience the loss of something else. These desires to regain that which has been lost, or to prevent further loss, speak to the central challenge those suffering from addiction face: overcoming ambivalence. Notable throughout the stories shared by the participants was the presence of ambivalence, of feeling conflicted, on the one hand having a sense that help was necessary, but on the other hand clinging to the stubborn and persistent belief that one might be able to manage independently, all the while continuing to experience further loss and consequences. Ultimately, the desire to restore things lost or prevent further loss seems to have served to enable the overcoming of this ambivalence across participants.

Help-seeking as restorative act. From a restorative perspective, Walter spoke of help-seeking as a means to regain the respect of his community, to enable re-connection with family, and to regain his physical health. Adam spoke of seeking help as a means to regain his health. Don spoke of help-seeking as a vehicle toward salvaging his family relationships, in particular

with his estranged son, and to regain access to his grandchildren. Jason spoke of asking for help as a pre-requisite to regaining positive mental health, as well as employment. Nathan also identified asking for help as critical to regaining his mental well-being, as did Kyle, who also noted the need for help as inherent to any possibility of regaining close family relationships.

Help-Seeking as Preventative Act. From the preventative perspective, across all participants there was either a direct or indirect reference to the act of help-seeking for addiction as necessary to preserve life. All participants presented as keenly aware that it was not sustainable to continue without change if living a long and prosperous life was a desired goal. Don, in particular, stressed this point as he faced, in addition to addiction, significant additional health concerns, the resolution of which required sobriety. In addition to this common aspect, Adam identified avoidance of losing his family as a key prevention-oriented goal that required asking for help. Jason identified incarceration and sustained poverty as real possibilities if he continued in his current lifestyle that he wished to avoid at all costs. Nathan also identified legal consequences and lost opportunity at living the kind of life he envisioned for himself as things he hoped seeking help would help prevent. Kyle spoke of financial despair and loneliness as conditions he hoped to avoid by asking for help with addiction. Walter, in describing the pivotal moment in which he made the decision to seek formal help, seems to have had an awareness that he could not have continued much longer without doing so, as he noted, “I don’t know how many days I was drinking. I was tired, hungry, and I was visiting, we were visiting some friends. I was just telling ‘em, I wanna go to rehab. I’m tired. My body is running out.” As noted earlier, Adam quite specifically listed a number of fears he had about losing things he holds dear, such as his family, his health, and his employment, if he were not to seek help, and he went on to say:

And I feel that way now more than ever. Because I feel like, nobody’s ever said it to me yet, but I feel like if I (expletive) this up, I will lose my job, and I will lose my wife... Whether that’s true or not, I don’t know. I don’t really wanna know that answer to that. I kinda hope I never find out.

Don describes a very clear link between his decision to ask for help and his desire to prevent the loss of family. He stated:

The last year was to the point where my family was saying either you go or we go, you know, it’s the end of the story. And I started really thinking about it, but, uh, prior to that I just kind of brushed it off.

Jason described a similarly clear link between asking for help, and desperation to avoid the loss of something of importance, only for him it was not family he was afraid of losing:

Also my job too I guess. You know I have a good job, a high paying job, like there's, you can't ask for a better job with no education around here that's for sure, and it was to the point there one day I could mess up really bad and lose that job. And that would be horrible...

Seemingly common to the described experiences of all of the participants, regardless of whether they tended to be more determined to overcome for restorative or preventative reasons, was that loved ones in their lives were the central objects of their choices with respect to help-seeking, whether it be to regain or improve a cherished relationship, or to avoid the deterioration or loss of one. As was noted by Adam:

I just feel so free, like I'm actually able to...like yesterday I got out, I took my son fishing for the afternoon, and you know I'd never be able to do that on a Saturday or Sunday afternoon when I was drinking because by 2, 3 in the afternoon I wasn't able to drive out to the lake or to the farm or, and it just feels nice to be able to do that stuff again.

Don elaborated further on his primary motivation for seeking help:

My daughter on her birthday here the 13th, I said, 'What do you want? Like it's not fair he got the company and you got nothing, like, you want the house paid for?' She said 'No, I want you to go to Calder.' I said...I would have taken the house if I was her...Anyway, my daughter, another reason why I think I came to Calder you know, my daughter said, you know, 'I think if you go to Calder,...Ryan will, I think Ryan will probably start talking to you again.' ...the pros of course were to get my family back...Well I think everybody has, I wanna say this correctly so that it gets across correctly,...I don't want to use the words conscience because its not quite right. Anyway everyone has a conscious thought or a conscious pattern of what they should be like or what they conceive themselves of...And I think I keep going back to my family. My family are so important to me...I think you gotta have something...that means more to you than that feeling of being high...Your values...We all have a soul, or something that steers us to a belief, right? I mean, mine was family.

And Kyle, more succinctly, stated, “And now, basically, that’s, what keeps me back, is the relationship I want with my mother and my friends, and the fact that I would love to be a father that I never had.”

Resilience

The fourth and final over-arching theme identified with respect to the manner in which the participants describe their help seeking experiences is rooted in the concept of resilience. Merriam Webster defines resilience as “the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress” or in more human terms, “an ability to recover from or adjust easily to misfortune or change” (Merriam-Webster, n.d.) Resilience has also been characterized as “unexpectedly positive adjustment” (Infurna & Luthar, 2016, p.175) when faced with difficult circumstances. Most poignant for me was the awe-inspiring resilience on display in each case with respect to surviving trauma, and navigating the journey of help-seeking in the face of significant odds. This may seem counter-intuitive, given the fact that the participants had developed in all cases significant substance dependence, however, it is argued that resilience is not necessarily a finite and pre-existing personality trait, but potentially a process-driven outcome as a result of having faced significant adversity, with many ups and downs along the way (Luthar, Cichetti, & Becker, 2000). While maybe not explicitly stated, this was certainly evident in the manner in which each participant spoke of his help-seeking journey, and captured in Walter’s statement:

I know part is that I start thinking, you know, because of all these things that happened to me, getting stabbed, rollovers, whatnot, and I got, at least an obligation to set an example for my kids. And for my grandkids.

Kyle also provided a powerful exemplar of the manifestation of resilience I noted. He stated:

You know, death is an opportunity for growth and the way I look at, I have to be grateful that my brother passed away now...because I never would have had the relationship I have with my mom today. It’s the best its ever been in my life. I love my mother, and I don’t care if people think I’m a momma’s boy...I’m happy to say that because I only have one mother. I never had the relationship, I shoulda treated her way better when I was young. And that death of my brother brought us closer, and if he didn’t pass away, me and him would still most likely, 95% sure, be, still be in active addiction.

Research Question #2

What forms of gender role conflict may be present for these participants?

Gender role conflict is thought to be a powerful inhibitor with respect to men and their ability to reach their potential as fully functioning human beings. As noted earlier, with respect to the population of interest in this research, substance dependent males, and the prospect of seeking help for this condition which is debilitating in its own right, men are subject to an unfortunate irony, often described in the literature as double jeopardy (Good & Wood, 1995). The irony lies in the fact that men who are more ideologically aligned with traditional masculinity-informed expectations about male behavior are on the one hand more likely to develop a multitude of psychological problems. These may include depression and anxiety, which may serve as the basis for attempts at self-medicating via substance use. However, on the other hand these same men are simultaneously predisposed to avoid seeking help for the very problems associated with the close alignment to such traditional masculinity ideologies.

With this in mind, I sought to identify the specifics and severity of gender role conflict as it was experienced by the participants, as a potential means to inform better interventions for such individuals in practice. The GRCS-I was the primary tool utilized to measure this, along with the latent analysis of the participant interviews that is summarized in later pages.

Integration of Quantitative and Qualitative Data

The second research question lent itself to both a qualitative as well as quantitative data informed response. While the GRCS-I offers a snapshot as to the type and severity of the gender role conflict present for the participants, the interview responses themselves revealed in more depth and breadth the nature of the type and severity of gender role conflict experienced by the participants.

As defined, gender role conflict is “a psychological state in which socialized gender roles have negative consequences for the person or others (and) occurs when rigid, sexist, or restrictive gender roles result in restriction, devaluation, or violation of others or self” (O’Neil, 2008a, p. 362). Ultimately, gender role conflict results in the inability for one suffering from it to realize his inherent potential, or, as importantly, the individual experiencing gender role conflict responds to it in such a manner that he then impedes or restricts the ability of others to reach their own human potential (O’Neil, 2013).

Via factor analysis, the six initial patterns of gender role conflict were ultimately reduced

to four (Serna, 2004). These patterns serve as the measurable constructs within the Gender Role Conflict Scale-I (GRCS-I) (O'Neil, 2008a). The patterns include success, power, and competition (SPC), restrictive emotionality (RE), restrictive affectionate behavior between men (RABBM), and conflict between work and family relations (CBWFR) (O'Neil, 2008a).

Restrictive emotionality speaks to avoidance and fearfulness of expressing feelings or emotions to others, or difficulty in being able to find appropriate words to do so (O'Neil, 2008a). RABBM speaks to avoidance and fearfulness related to expressing emotions with other men and physical contact with men. SPC speaks to the attitudes and beliefs a man carries in relation to the pursuit of success and power as it relates to masculinity (O'Neil, 2008a). CBWFR speaks to the level of conflict one experiences in terms of attempting to balance work related pursuits and the demands of family (O'Neil, 2008a). Primarily these constructs embody the traditional masculinity ideology-informed gender role restrictions that men impose upon themselves or others, or have imposed upon them by others (O'Neil, 2008a).

Results obtained via the two strands of data collection follow, beginning with a summary of the initial results obtained via the administration of the GRCS-I. Participants were asked to respond via a Likert Scale to each of the 37 items included in the GRCS-I by choosing the number that most closely represents the degree that the participant either agreed or disagreed with the statement (1=strongly disagree, 6=strongly agree). Tables 2.1, 2.2, 2.3, and 2.4 provide a summary of the participant responses, with the items that correspond with each domain grouped together.

Table 2.1 – Itemized Summary of Data Obtained Via the GRCS-I: Factor 1 - Success, Power and Competition (SPC)

Item	Walter	Adam	Don	Jason	Nathan	Kyle
1 - Moving up the career ladder is important to me	6	5	6	4	6	6
5 - Making money is part of my idea of being a successful man	3	4	4	6	5	4
8 - I sometimes define my personal value by my career success	2	4	2	5	6	5
12- I evaluate other people's value by their level of achievement and success	1	4	4	4	5	4

14 - I worry about failing and how it affects my doing well as a man	6	5	3	2	5	6
18 - Doing well all the time is important to me	5	5	5	6	5	5
21 - I often feel the need to be in charge of those around me	1	4	5	4	5	4
23 - Competing with Others is the best way to succeed	1	3	3	4	5	3
24- Winning is a measure of my value and personal worth	1	3	2	4	6	4
28 - I strive to be more successful than others	1	4	3	5	6	6
32 - I am often concerned about how others evaluate my performance at work or school	6	4	3	4	6	6
34 - Being smarter or physically stronger than other men is important to me	2	3	3	4	5	5
37 - I like to feel superior to other people	1	3	3	4	6	3
Total	36	51	46	56	71	61
Average	2.77	3.92	3.54	4.31	5.46	4.69

Table 2.2 – Itemized Summary of Data Obtained Via the GRCS-I: Factor 2 – Restricted Emotionality (RE)

Item	Walter	Adam	Don	Jason	Nathan	Kyle
2 - I have difficulty telling others I care about them	4	4	2	5	5	5
6 - Strong emotions are difficult for me to understand	5	4	3	5	5	4
9 - Expressing feelings makes me feel open to attack by other people	1	3	3	4	6	4
13 - Talking (about my feelings) during sexual relations is difficult for me	3	4	5	3	5	5
15 - I have difficulty expressing my emotional needs to my partner	4	5	5	4	6	2
19 - I have difficulty expressing my tender feelings	6	5	4	4	5	4

22 - Telling others of my strong feelings is not part of my sexual behaviour	6	4	5	3	5	3
25 - I often have trouble finding words that describe how I am feeling	6	4	3	3	6	2
29 - I do not like to show my emotions to other people	5	4	5	5	6	2
30 - Telling my partner my feelings about him/her during sex is difficult for me	3	4	2	3	5	5
Total	43	41	37	39	54	36
Average	4.3	4.1	3.7	3.9	5.4	3.6

Table 2.3 – Itemized Summary of Data Obtained Via the GRCS-I: Factor 3 – Restricted Affectionate Behavior Between Men (RABBM)

Item	Walter	Adam	Don	Jason	Nathan	Kyle
3 - Verbally expressing my love to another man is difficult for me	4	5	6	3	5	5
7 - Affection with other men make me tense	6	4	6	4	6	6
10 - Expressing my emotions to other men is risky	5	3	2	3	4	4
16 - Men who touch other men is difficult for me	3	5	1	5	4	3
20 - Hugging other men is difficult for me	4	5	4	3	3	5
26 - I am sometimes hesitant to show my affection to men because of how others might perceive me	4	3	2	3	3	3
33 - Being very personal with other men makes me feel uncomfortable	6	4	4	3	4	5
35 - Men who are overly friendly to me, make me wonder about their sexual preference (men or women)	4	3	2	5	5	2
Total	36	32	27	29	34	33
Average	4.5	4.0	3.38	3.63	4.25	4.13

Table 2.4 – Itemized Summary of Data Obtained Via the GRCS-I: Factor 4 – Conflict Between Work and Family Relations (CBWFR)

Item	Walter	Adam	Don	Jason	Nathan	Kyle
4 - I feel torn between my hectic work schedule and caring for my health	5	3	5	5	4	5
11 - My career, job, or school affects the quality of my leisure or family life	3 1	3 5	5 3	5 2	4 5	4 1
17 - Finding time to relax is difficult for me						
27 - My needs to work or study keep me from family or leisure more than I would like	3	3	6	2	2	5
31 - My work or school often disrupts other parts of my life (home, health, leisure)	3	3	5	4	3	5
36 - Overwork and stress caused by a need to achieve on the job or in school, affects/hurts my life	2	3	6	2	3	5
Total	17	20	30	20	21	25
Average	2.83	3.33	5.0	3.33	3.5	4.17

Table 2.5 provides a summary of the data obtained via the items above, organized by participant as well as the four individual GRCS-I domains. Total GRC scores for each participant are provided, as are, for comparative purposes, the total score averages for each domain, the average scaled scores provided for each domain, as well as the median total scores for each domain. Overall total GRCS-I score averages, scaled score averages, and median scores are included.

Table 2.5 Summary of GRCS-I Data Obtained

Participant	SPC	RE	RABBM	CBWFR	Total Score
Walter	36	43	36	17	132
Adam	51	41	32	20	144
Don	46	37	27	30	140
Jason	56	39	29	20	144
Nathan	71	54	34	21	180

Kyle	61	36	33	25	155
Total Raw Score Avg	53.5	41.66	31.83	22.17	149.17
Scale Score Avg	4.12	4.17	3.98	3.69	3.99
Median Total Score	53.5	40.0	32.5	20.5	144.0

Note: Domains are defined as follows: Success, Power, and Competition (SPC), Restrictive Emotionality (RE), Restrictive Affectionate Behavior Between Men (RABBM), Conflict Between Work and Family Relations (CBWFR)

Table 2.6 provides, for the purposes of comparison, a summary of the available normative data across all populations for which previous data has been obtained. This normative data was used to compare the participant data obtained.

Table 2.6 Summary of Normative Data All Populations: Raw GRCS-I Scores Average Means Across Numerous Studies

Population	SPC	RE	RABBM	CBWFR	TOTAL SCORE
White College Students (N=8)	53.8	32.12	30.82	22.55	139.53
Adult White Men (N=8)	44.49	30.77	26.40	22.23	124.99
African American Men (N=5)	45.78	36.38	29.08	21.64	127.74
Asian American Men (N=3)	51.70	31.95	26.77	22.62	133.05
Hispanic/Latino Men (N=2)	51.09	32.50	29.40	22.10	135.60
Gay Men (N=4)	44.50	28.80	19.08	21.09	113.49
Older Retired Men (N=2)	45.70	33.56	27.20	18.92	125.38
College Women (N=4)	46.82	28.16	20.76	23.62	119.39

(O'Neil, 2017)

Table 2.7 provides additional normative data for comparison. This normative data reflects previous research done and data collected internationally.

**Table 2.7 Summary of Normative Data International – Men’s GRC: GRCS-I Scores
Average Means Across Factors**

AUTHOR/COUNTRY	SPC	RE	RABBM	CBWFR	TOTAL SCORE
Bjerke & Skyllinstad , 2002	43.00	26.58	20.95	19.32	109.85
Sweden (N=170)					
Birthistle, 1999	47.08	35.30	30.23	22.03	134.64
Ireland (N=40)					
Cachia, 2001	50.37	33.93	33.55	24.82	143.27
Malta (N=151)					
Chartier, Graff, & Arnold, 1986	48.40	41.10	28.50	21.20	139.20
Canada (N=555)					
Faria, 2000	43.66	29.67	24.69	20.23	118.25
Portugal (N=300)					
Jo, 2000	51.48	31.80	22.80	20.70	126.91
Korea (N=111)					
Kang,	48.49	30.78	20.75	17.86	117.88
Korea (N=410)					
Tate, 1998	40.84	28.77	28.86	20.12	118.67
England (N=82)					
Tsai, 2000	54.08	30.80	27.76	21.12	133.57
Taiwan (N=737)					
Theodore & Lloyd, 2000	44.33	32.72	29.09	20.76	126.90
Australia (N=221)					
Naully, 2002	51.87	37.30	28.56	18.96	136.69
Indonesia (N=300)					
O’Neil et al, 1994	49.40	32.20	27.36	21.72	130.68
Russia (N=191)					

(O’Neil, 2017)

In comparing the participant data obtained via administration of the GRCS-I with existing normative data across different populations, a number of observations can be made.

Comparative Data

Perhaps most pertinent to the research question as to the forms of gender role conflict that may be present for the participants in this study is that on all 4 domains, with only a few exceptions, the extent to which the participants may be experiencing these particular aspects of gender role conflict is higher, based on total raw score averages, than is experienced by other populations chosen for comparison.

With respect to the Success, Power and Competition (SPC) domain, wherein the participants in this study yielded a raw score average of 53.5, when compared with the normative data provided across all populations, participants in this study scored higher than all other populations with the exception of white college students, who scored slightly higher on aggregate. In comparison with international normative data provided, participants in this study scored higher in terms of raw score average than the average means associated with the SPC domains in all international studies. With respect to Restrictive Emotionality (RE), the average of the raw score data (41.66) obtained from the participants in this study was in excess of the average of the raw scores collected across all normative data used for comparison. With respect to the Restrictive Affectionate Behavior Between Men (RABBM) domain, participants in this study scored higher, on average (31.83) than did those participants across populations, or internationally where normative data exists, with the exception of Malta. With respect to the Conflict Between Work and Family Relation (CBWFR) domain, participants in this study scored higher, on average (22.17) than did those participants across populations, or internationally where normative data exists, with the exception of white college students, adult white men, Asian American men, white college women, and Malta. Specifically with respect to Canadian norms provided, participants in this study scored higher across all 4 domains than did those participants included in other Canadian studies. With respect to total gender role conflict severity, the total GRCS-I score average gleaned from the participants in this study was in excess of the total score averages cited in all categories of the normative data provided. This finding is potentially significant and will be discussed in Chapter 5 in more detail.

Non-Comparative Data

Without reference to normative data, a number of observations within the participant cohort were noted. Indeed, there was variation between the participants as far as the apparent severity of the gender role conflict present for the participants within the 4 domains, as well as on a summative basis, or the overall gender role conflict experienced by individual participants.

Table 2.8 Participant Group Data Summary – GRCS-I

	SPC	RE	RABBM	CBWFR	TOTAL SCORE
Range	36-71	37-54	27-36	17-30	132-180
Average	53.5	41.66	31.83	22.16	149.16
SD	12.14	6.56	3.31	4.62	16.83
Median Overall Score	53.5	40.0	32.5	20.5	144.0
Average Scaled Score	4.12	4.17	3.98	3.69	3.99

Note: Success, Power, and Competition (SPC), Restrictive Emotionality (RE), Restrictive Affectionate Behavior Between Men (RABBM), Conflict Between Work and Family Relations (CBWFR)

Variability in terms of individual participant experiences with gender role conflict was most pronounced with respect to the SPC domain, while the participants were most aligned with one another in terms of the RABBM domain. With respect to severity of type of conflict experienced by the participants as a group, as evidenced by average scaled scores, RE was found to be most severe, followed closely by SPC, then RABBM. CBWFR was found to be the least severe form of gender role conflict experienced by the participant group. As well, with respect to the overall severity of gender role conflict as expressed via results of the GRCS-I, the total GRCS-I scores for the 6 participants yielded significant variability.

Most striking as far as individual participant data obtained is that of Nathan. His overall GRCS-I score is well in excess of any of his fellow research participants, as well as in comparison to any of the normative data across populations cited.

GRCS-I Themes

Turning toward the qualitative data with respect to this second research question, all four of the types of gender role conflict measured via the GRCS-I were also apparent in the participant responses as they described their help-seeking journey. Selected excerpts from the interviews that follow provide a thicker description of this dynamic, and serve to support the

results outlined previously as far as the types of gender role conflict that are present for the participants.

Success, power, competition. This domain was found to be the second most problematic aspect, on average, of gender role conflict based upon GRCS-I results. Evidence as to the presence of this type of gender role conflict, defined by pre-occupation with and high importance placed upon these three elements, was also apparent throughout the participant responses. As Don stated:

And, and I missed, I wrote on the questionnaire, except for the trick questions they threw in there, that I did lose a lot of my social time with my family. Like, starting in January I was on the road, not for the full month, but every Thursday, Friday, Saturday and part Sundays for January, February, March and April, I was gone. Those were our trade show times, where all of my dealers - that'd be the Edmonton trade show on Thursday, Friday, Saturday, Sunday - I'd go up Thursday, and take the boys out wining and dining, work the show Saturday, you know, sneak out, go home Sunday. Next week Calgary. The week after that, Red Deer.

Nathan tapped more specifically into the nature of the inner conflict he felt about the pressure to succeed, in the traditional way, meaning in part that competing for power was required, when he stated, "...we wanna be successful. Even though...my idea of successful was, you know, distorted really." Demonstrating the high regard with which success and power is seen, in a sense almost equating it with happiness, or at least with providing the basis for future happiness, he went on to note:

I thought living, I didn't think...people like me got to be happy, so, I thought I could be comfortable though. And if I'm comfortable though people will like me, and you know if I'm successful people are gonna be around me and I won't be alone then. You know what I mean? People are gonna come with me. You know I wanted power, I wanted to be God, really, in a sense. You know I wanted to be bigger. You know I'm a small guy but you know, I still found a way, I still found my own way to be bigger than people, and look down upon people.

Restrictive emotionality. Restrictive emotionality was found to be the most intensely experienced from of gender role conflict experienced by the group participants, on average. Again, this construct, associated with inhibition of emotions apart from socially acceptable ones

for men, such as anger, was also often spoken about in participant interviews. Don exemplified this when he stated, in response to a question about what it was like for him in group therapy with other men, “I’m not a touchy feely sort of huggy, hugging other guys sort of guy. I’m just not that way.” Kyle explicitly spoke of the conscious decision he often made to avoid emotional connection and expression. He stated, “I used drugs not only to feel good, but to numb any emotions...you know? And, then it was a chemical dependency...I was selling drugs, using drugs, and masking my emotions.” He went on, however, to discuss the manner in which he sees this issue now, as well as the ongoing challenges associated with that:

I get in those times where, you know, it’s still difficult, you know, dealing with my emotions, or, or not just dealing with them, but expressing my emotions...that’s why I’m in treatment now. Because I wanna learn about...how to express them in a rational manner and not turning to...the easiest uh, pathway or the most...hard wired pathway in my brain you know?

Nathan spoke also to the severity of the disconnection that he felt from his emotions, and the general normalization of that way of living that had set in for him:

You think that you don’t feel anything when you feel so emotionally numb, and you’re hurting right, and you don’t understand why...And you know...feeling in general is foreign to you by then. So yeah, it’s just a really, you just feel off, you know what I mean? Because what was normal to you, what was normal was drinking.

Further illustrating the dynamic of restricted emotionality, Jason spoke at length throughout the course of the interview about the fact that the only emotion he had any kind of relationship with for a long time was anger, which, as evidenced by a number of instances, often manifested itself in outward acts of violence, which he saw at the time as tantamount to being a real man.

Restrictive affectionate behavior between men. The third most significantly experienced aspect of gender role conflict as per the GRCS-I results, again, within the participant interview responses there was much to support the findings that suggest the participants are faced with the prospect of coping with a level of discomfort in emotional engagement with other men. Don’s statement noted earlier about being uncomfortable with physical affection or emotional connection with other men also speaks to this. Kyle offered his own experience, which exemplifies an additional aspect of this dynamic, insofar as while certainly there existed a level

of discomfort with this, the discomfort had lessened somewhat over the course of time. He stated:

But talking about it, especially in a fellowship, or sitting down with another male, is something that I've just come to, now, luckily, that I'm clean, come to be okay with. But talking to other men when they're wanting to talk about their feelings, I can see the hesitation in here about having trust issues...one example was someone sharing something with me, and him not being able to trust other counselors or other clients because he thinks they're gonna go talk to others and say that they are weak. That this person wanting to share their feelings, or how they really feel, is weak.

Walter seems also to hint at the evolving nature of his level of comfort in engaging on an emotional level with other men in group therapy settings, when he stated, "At first it was because it was a new setting and all that stuff. I didn't expect, I didn't know what to expect. But a couple...but the warm welcome feeling certainly put me on the fast track to being welcome in the group there." Don did however, on some level, present as also having experienced a softening of his stance on this issue, as he noted later in his interview:

And some of these guys that's just the way they are, they are shy or whatever, they are quite feminine, so one guy in particular that I know...um, you know he tells you his feelings, he cries, and he's just one of those guys, and he's terrific, and I'm not like that....At first. Yeah. I didn't talk for a long time. But then I did. Lots. Towards the end. Because they were all, you know you get to know 'em, and they all have the same story and yeah nobody walked outta there and talked about, nobody judged. There was no judgmental issues at all.

Conflict between work and family relations. This aspect of gender role conflict carried with it the least alignment among the 6 participants, and was found to be the least severe in terms of results obtained via the GRCS-I, as far as to what extent it was revealed to be problematic. This could be due to the fact that not all of the participants were employed, or particularly concerned about employment at the time, as well as the fact that many of the participants did not have children. Nonetheless, on aggregate the participant group scored higher than most normative data available, and within their interview responses one can see this aspect of gender role conflict embodied in a number of instances, as noted most specifically, but not only, by Don, who stated:

So I missed, I missed a lot of my family life, um, by climbing that ladder. And do I regret it? Nah. I retired early enough that, you know, I feel that people retire when they're 65, and they, and uh, their kids are just 20. You know, they married late in life or something. I retired when my kids were still 12 years old, you know, so I spent a tonne of time with them then. Prior to that I never changed a diaper, ever. I changed my grandkids diapers. I don't think I ever changed either one of my kids' diapers...I spent tonnes of time with my kids but those diaper changing years, I was non-existent. They cried in the middle of the night? Kids crying? Karen got up. I had to get up and go to work at 4:30 in the morning...So anyway, so she never ever had a job in her life, so her routine was, kids...Karen...work, money...Don. That's just the way it was.

Research Question #3

To what extent might their identification with traditional masculinity and gender roles impact their help seeking behavior?

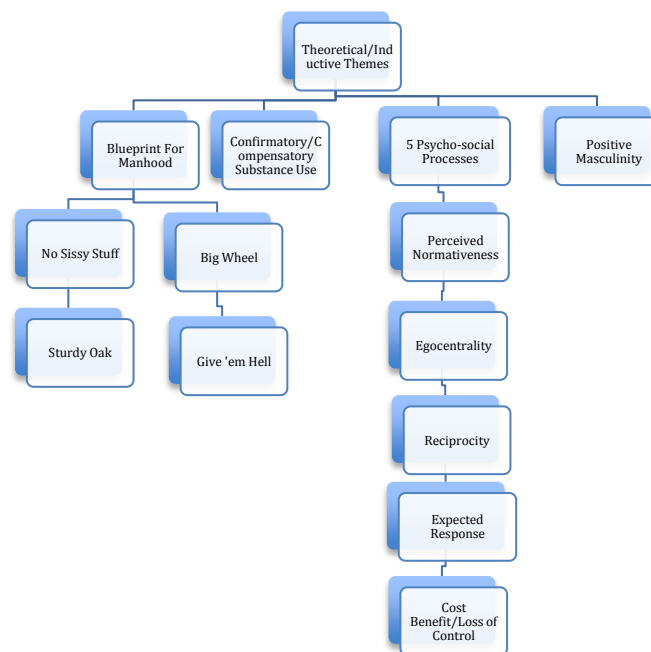
Theoretical Themes

The final research question, by nature, invited thematic analysis done with specific reference to existing theoretical frameworks that are commonly cited as important to helping us understand traditional masculinity ideology. It was apparent in analyzing the participant responses to interview questions that while the participants, when prompted, had clearly been impacted by traditional masculinity ideology, to ask participants specifically to what extent they identify with traditional masculinity ideology, and furthermore to what extent this identification had impacted their behavior, was not likely to yield the kind of understanding I was hoping to obtain. This was due in part to the fact that participation in this research for most of the participants was possibly the first time they had been asked to explicitly consider the concept of traditional masculinity ideology, much less the role it had potentially played in their help seeking journey. I found that rather than an explicit understanding of and reference to traditional masculinity ideology, what presented was a latent understanding of, or reference to traditional masculinity ideology. That is to say that, prior to deeper exploration of this concept in the interviews, as well as summarizing and clarification on my part around some of the existing research in this area, participants made more indirect reference to the role of traditional masculinity ideology. In essence, I understood their descriptions of their experiences with this concept as representative of the kind of dynamic that has been felt and impactful, but that hasn't

necessarily been fully explored or understood, and thus had been difficult to put words to. For these reasons, in order to best address this research question, thematic analysis was conducted from a theoretical standpoint, with particular attention paid to how the participant responses might reflect latent identification with traditional masculinity ideology, despite that not always having been explicitly stated.

In relation to research question number three, theoretically aligned themes were identified via careful analysis of semantic, but also potentially latent content insofar as it aligns with existing theoretical frameworks with respect to traditional masculinity ideology and help-seeking. While not all traditional masculinity ideologies identified here were readily apparent, identification with four over-arching theoretically informed themes identified here were identified as inherent to the lived experiences of help-seeking as described by the participants. These included the aforementioned Blueprint for Manhood (David & Brannon, 1976) along with four corresponding sub-themes, Confirmatory/Compensatory Use (Williams & Ricciardelli, 1999), Addis and Mahalik's (2003) 5 Psycho-Social Processes, and finally the concept of Positive Masculinity (Levant & Wimer, 2014).

Figure 4-2 Theoretical Themes and Sub-Themes



Blueprint For Manhood

David and Brannon (1976) offer a useful and commonly cited mechanism for understanding how men tend to see their roles, and the expectations of them, which they referred to as the Blueprint for Manhood. Alignment with and adherence to these tenets was thematic within the participant responses. As Nathan noted, “Now, less, but before, like basically yeah, that was the idea, was live up to all those expectations of what a man is supposed to be, was I guess big. Anyway, yeah you wanna be strong, successful, smart. You know, you wanna be better.”

No sissy stuff. The first pillar of this blueprint, No Sissy Stuff, speaks to the stigma men tend to project onto anything that may be construed as stereotypically feminine in nature (David & Brannon, 1976; Fahey, 2003, Mahalik, 1999, O’Neil, 2008a; Serna, 2004). With the lone exception of anger, they argue that boys are socialized to restrict and avoid outward displays of emotion, aside from anger, and that failure to do so will elicit harsh judgment from others that one is less masculine than what is ideal. While substance use, and in particular alcohol use would be seen as a masculine trait, help seeking for problem substance use or for problems in general would fall under the “sissy stuff” umbrella, and be mostly frowned upon. To be sure, evidence of the impact of this aspect of traditional masculinity ideology can be found across participants as they spoke of their help-seeking experiences. Don’s comment here, and in particular his use of the term ‘complain’ to characterize the act of expressing a need for help, seems to illustrate the inner ambivalence still present for him with respect to whether men truly believe asking for help is a desirable trait:

Same old story right? It’s, we’re not supposed to be, I think women, well women complain, not complain, as you said earlier, women will bring forward any minor, minute little health issue, you know? They’re really good at that. Taking care of themselves. If they feel there’s something wrong they see a doctor right away. I don’t go to a doctor unless my lung is bleeding you know (laughs). I think it’s the same thing looking for any kind of help. Mental health, or, because, really it is, I mean addiction to me is a mental health issue. It’s not a physical issue. I mean there’s an addiction thing there that, that your body needs...once you’re addicted to it, but other than that it’s a mental health issue

Big wheel. The second pillar of David and Brannon's blueprint, The Big Wheel, speaks to the tendency for men to be consumed with the pursuit of success, status, and the approval and admiration of others (David & Brannon, 1976, O'Neil, 2008a, Mahalik, 1999, Fahey, 2003, Serna, 2004). Work and career tend to be the primary vehicle by which this is seen to be attainable, and competition with other men for alpha status is seen as normal and necessary. Again, pursuit of these things is generally untenable with acts of help-seeking, and evidence of this aspect of traditional masculinity ideology was commonly noted within the transcripts when analyzed. Don, in lamenting the loss of status in his family as a result of his worsening substance dependence, stated:

And my family quit relying on me. I used to run everything. It was dad, dad, dad, you know? And you know, I became unreliable to them where they didn't rely on me for much because I let them down so many times where I'd go, 'Ok, I will be there' and didn't show up or forgot...Oh totally, my son took over...my son is now 'Dad'...Everyone runs to him for everything.

Further illustrating both the importance placed upon this tenet of the traditional masculinity paradigm, as well as the inner conflict and overbearing sense of responsibility that adherence to the same creates, Don added:

I mean I've had a really, really interesting life. And I've owned a lot of things...and I did a lot of things too. Accomplished...a lot of things in my life. I owned a beautiful fishing camp in the Queen Charlotte Islands that we'd fly in 50 people every Sunday and every Wednesday, you know, for June, July, and August, it's...most people don't even know that about me. That's where my son, I took my son up there when he was 15. I said 'You're gonna become a guide.' My son never spoke, ever, other than to me very quietly. I said you gotta learn how to talk to people. So he got on boats with presidents of corporations. The president of Air Canada became a very good friend of his in the end, after he guided up there for 3 years...And now he talks too much, like me. Um, you know I've done lots of stuff like that, that's lead up to others, and other people that I've met with the connections I've made...You know it's a strange, I'm having a hard time getting that through to you, but, it's I don't know, almost anti-climactic. It's really a strange feeling. And there was a time, please believe me, what I'm telling you I'm not bragging about it. There was a time that there wasn't a weekly newspaper that didn't

have an article in it about me, or one of my companies, or something. I mean never a week went by. So you have that in your face all the time. Everywhere you go people are talking to you, you're the talk of the town. The biggest employer by far, you know, and I was, tried to be really humble, and every time I built a park I said 'Guys I don't want a plaque. I don't want my name on it.' But oh no they have to put up something, but anyway, I wanted it always to be from the heart you know?

While Don presented as most consumed by this aspect of traditional masculinity ideology, other participants shared similar experiences with respect to the 'big wheel' metaphor. Jason spoke at length about how he viewed having money as tantamount to being respected, and all of the participants saw themselves as expected to earn and provide money for themselves and others, and that failure to do so left them lacking in the eyes of others as men.

Sturdy oak. The third pillar of David and Brannon's Blueprint for Manhood is entitled The Sturdy Oak. Metaphorically speaking, the sturdy oak is emblematic of the general posture they argue men are socialized to believe they must assume: tough, confident, self-reliant, strong, independent, determined, unflappable. Similarly to the other pillars of this blueprint, evidence of the impact that this aspect of traditional masculinity ideology has had on the participants was apparent, as Walter stated in describing the sense he had made of why seeking help had been so difficult, "I guess part would be, because every man has a pride, in their own...ego. You can do it on your own. Regardless of what the world throws at you. ...Yeah I think it's overall, to sum it up, I think it's mainly has a lot to do with pride." Adam stated things thusly: "I have a hard time asking for help with stuff, for sure. And my wife would probably say the same thing, just even little things, like whatever, building a shed, kinda, I'd rather struggle and do it myself than bother anybody else that's busy doing other (expletive)." Jason also seemed to invoke the 'sturdy oak' stance as well, when he stated, "I made my own mistakes and I got...there myself, so I was trying to get myself out of it. Myself.". Kyle also presented as aligned with the other participants in terms of the 'sturdy oak' stance. He stated:

I don't know why, but growing up I was very resistant to asking for help from the system...And that itself said 'You know what? I'm gonna do it without this.' I was very stubborn and very, um, cocky. And in that frame of mind, it's irrational, immature, childish, now that I look at it, but...And yeah, I have said before you know, smart never got anyone sober. But I truly thought that if I applied myself, that I could get out of this

whenever I wanted.

Give ‘em hell. The fourth and final pillar associated with David & Brannon’s Blueprint for Manhood is labeled Give ‘em Hell, and it speaks to the persona characterized by aggressiveness, violence, and willingness to take risks that men are expected to project. Sports, war, threats, and intimidation are vehicles by which they argue that men attempt to gain approval from others that they are meeting expectations in this regard. This likely impacts research findings that show that men, in comparison to women, tend to engage in more risk-taking, and less health promoting behaviors than women do. Evidence that the participants may have been impacted by this kind of traditional masculinity ideology was apparent and common. When talking about how his lifestyle had impacted his family, Jason stated:

They were scared every time I went, I left, cause they know how I get and how if I take something offensive I won’t let it down, I’ll, I have my eyes on that person the whole night until I win. I’m a very competitive person and don’t like being disrespected or my friends and family being disrespected. And I’ll make that, I make that very clear...But I think that, like, when I got, I used to get in a lot of fights and that released a lot of anger and a lot of stuff on the inside that when, I decided that I didn’t wanna do that anymore and stopped going out partying and stopped going to bars, I started doing more drugs...I get in fights all the time, I’ve had guns held to my head, and like, threats and stuff like that, and it was to the point where I would just like, laugh at ‘em, and look at ‘em, like, ‘You’re not gonna pull that trigger, and if you do it’s gonna be over like that.’ and just laugh in their face, like, there’s not too much (expletive) that I haven’t seen that you can intimidate me with.

He went on to describe how in essence, he has felt often that he had no choice but to act in accordance with this aspect of the blueprint for manhood, stating, in reference to the idea that he might step outside of the blueprint:

Especially to people I hung out with, like, that’s unheard of, like, the people I hung out with, it doesn’t matter if you are 6 foot 7, 280 pounds of pure muscle, if that guy wants to fight you, you don’t back down, or else you’re looked at as a pussy...But like I said, I had, I liked to be the best, and it got to the point where I liked it when people, like, feared, when other guys feared me, like I, I like that, and it was, like I was getting in fights every day, and, I’d get in a fight in the bar and then go back to wherever we were

going, and people would always be patting me on the back because I beat the (expletive) out of some person.

Confirmatory and Compensatory Substance Use

The concepts of confirmatory and compensatory substance use provide a valuable hybrid connection between traditional masculinity ideology and the specific behaviors that pose such a challenge for participants. While confirmatory drinking is posited to be a traditional masculinity ideology-informed act that embodies normative behavior, or the idea that substance use by men merely reinforces one's existing image of self as a male, compensatory substance users are posited to do so as a means to create, or change perceptions of one's self that others hold. The former is argued to be a reflection of one's affirmation of self as masculine, while the latter is more so thought to be indicative of an attempt to persuade others of one's manliness, and thus borne of a sense of perceived inadequacy in terms of one's masculinity. Both conditions emerged as themes, across participants, and sometime within individual participants. With respect to confirmatory drinking, Walter stated:

And I drank just to fit in, cause family members drank, when they were about maybe 13, 14 around there. When the weekend rolls around I used to remember being, there's another weekend coming up I'd be bored cause I'd be the one hanging around by myself. Everybody else is out, I'd be one of the youngest in the family. Everybody else would be drinking...Just to be more sociable.

Adam as well noted the normative nature of men and drinking in his view, noting, "I Just kinda, obviously, I started drinking when I was 15 or so, just, with guys after hockey or, you know, like normal 15 year old kids did. In my opinion." Don seemed to relate more to the compensatory aspect of male drinking, when he described how once his career was over, he felt a sense of emptiness, and that alcohol was a vehicle by which that emptiness could be filled. He stated:

Uh, and you know what it al kind of lead up to the, to the drinking I think, I, it was almost like anti-climactic, after you've done, I don't wanna say 'You've done everything' but corporately and financially you've kind of hit as far as, you know, me as a person, and my mind, and my education, you can only go so far, and I, I hit that plateau, and you get there and you go, 'Oh (expletive), now that's over. Now what do I do? Geez it was fun, but, now what do I do?'

Nathan positioned his substance use more consistently within the compensatory paradigm when he stated, "...it was better to be that way because you don't wanna be, I guess an outcast." and alternatively, Jason positioned his substance use more consistently within the normative nature of confirmatory paradigm, stating:

And I partied all, cause all my, me and my buddies worked on the rigs so we were always off on the same time so every time we were off it was just straight partying for a week, and then go back to work. And then on breakup we'd party for, you got ten 19 year old kids with 20 grand in the bank so you'd partied every night. We partied every single night.

Five Psycho-Social Processes

As noted earlier, with respect to the act of help-seeking, Addis and Mahalik (2003) offer a paradigm that is often cited as an effective means by which to make sense of the male journey in this regard. They note,

A man is least likely to seek help for problems that he sees as unusual, especially when he also perceives them as central to his identity. He is also unlikely to seek help if groups of men who are important to him endorse norms of self-reliance or other norms that suggest his problem is non-normative. Finally, help seeking is less likely to the degree that a man calculates that rejection from an important social group, as well as his view of himself as deviant, are costs too great to risk in relation to the help he might receive. This is especially true if he feels he will sacrifice his autonomy by seeking help. (Addis & Mahalik, 2003, p. 11).

More succinctly, Sierra Hernandez et al., (2014) stated:

A man who (1) perceives his problem as normal, (2) sees the problem as egodystonic (e.g., not central to the self), (3) believes that he will be able to reciprocate the help he receives, (4) believes that others will react well to the news of him asking for help, and (5) does not hold the perception of losing control when asking for help will be more likely to seek help for any particular problem. (p. 347).

All 5 of these traditional masculinity ideology-informed psycho-social processes that are thought to determine help-seeking behavior were apparent across participants.

Perceived normativeness. Generally speaking, the participants, saw substance use as normal, but did not cite many instances where getting help for problematic substance use was

something done by others in their social network. When asked not about how common it was for someone in their social circle to have the problem, but to seek help for the same, universally they stated that this was rare if not non-existent. Adam stated, “I mean I still hang out with most of the guys I did since we were young. It’s all the same group of guys, and nobody’s ever been through this, and nobody...you know what I mean, it’s not...I don’t, I didn’t have anybody to talk to about it basically.” This in general captured the experiences of the other 5 participants: Substance use and abuse was normal, but seeking help for it was not.

Egocentrality. Evidence was abundant to suggest that for many of the participants, the idea of seeking help was almost irreconcilable with one’s sense of self as a man, thus to seek help was to be, in a sense, not a man. Walter spoke specifically of the central role that pride and ego have played in his delaying in getting help. As mentioned, Jason spoke earlier about about the guilt, shame and regret he felt in regards to the act of help-seeking, and how these interplayed with one another to prevent the same. He went on to speak powerfully to the ego-centric dynamic of his help seeking journey as well, acknowledging a different way of defining and valuing himself as a man at one point in his life. He stated:

...in my mind, before, I was that man. I had a good job, I was strong, I was feared by a whole bunch of other guys...I had to be the alpha, and you know I was feared by guys, and loved by girls, like, in my mind I was at the top of that pyramid, and I, I liked it for so long and then got in too deep...

Jason went on to question his developing sense of a different expression of masculinity, however, stating, in reference to what he might suspect is an unavoidable reality men are faced with:

I’m sure it tears apart lots of guys’ self esteem if they don’t have a good job, or if they constantly get picked on or beat up all the time, like, whether you like it or not, everyone judges you on that. Like, especially if you are one of those people that need to be in a relationship or want a girlfriend or find a girl, like they, they all judge you on that too, like if they (women) look at you, (and think) ‘Yeah you have a bad job, you get picked on, beat up’, or else, (they think) ‘I can go for this guy who is feared by everyone, has a good job and well-liked by everyone because he is who he is.’

Throughout the participant interviews, this ongoing internal questioning, defining, and redefining of what it truly means to be a man within the context of their perceptions of how others would view them was apparent.

Reciprocity. The notion of having the opportunity to help others if one seeks helps themselves serving as a catalyst to doing so was prevalent for the participants. Walter and Don expressed a sense of personal pride in having others inquire with them, now that they had sought help, about how to do the same, Adam as well, stated:

So I feel like if I can do the same for somebody else, and share a little bit about myself, maybe the road that I've been down, or a brief portion of it, something that was on my mind that specific day might be helping somebody else now. Later down the road I do hope to continue on with, with the 12-Step program, and you know I'd like to be one of them old guys that there for 30 years, and you know, bullshitting, and comfortable there, and comfortable with everything they've been through, the 12-Steps. Maybe a sponsor, stuff like that. I do see importance in that, absolutely.

Nathan also seems to place importance on this aspect of the help-seeking process, not so much directly, but in terms of showing others the way. He stated, "So, that's the best way to help people is just by setting an example. Like, just doing better yourself is helping your friends probably." Kyle as well spoke of the appeal that having the opportunity to help others if one seeks help themselves had for him:

And in groups such as AA and NA. I love the fellowship. Just like one addict helping another is without parallel. Or they say you know the therapeutic value of one addict helping another, is unmatched...I can learn and use my story to help not just myself, but help other addicts around me.

Expected response. This aspect of masculinity/help-seeking theory, wherein assumptions about how others would view them if they asked for help are thought to impact the likelihood of doing so, was particularly evident, and seemingly meaningful for the participants. Walter spoke of the negative expectation he had about how others would react if he asked for help. He stated, in reference to what it was like once he was able to do so, and having received a mostly positive response, "What relief. That big monkey off my back." Adam spoke of the same pre-existing suspicion that admitting he had a problem, and asking for help would not necessarily be met with support and positivity. He stated, "I was embarrassed. I didn't want

anyone to know. I just wasn't sure what people would think. I wasn't sure what my wife would think, if she'd leave, if she'd, you know, how people would take it, right?" He went on however to speak about being pleasantly surprised once he did seek help:

...it obviously wasn't fun telling people or whatever, but, lots of support. I'm learning, I tell people I sent out 32 text messages to uh, friends, a couple family members, co-workers and stuff, and I didn't get anybody write back like, everyone was very surprised and very supportive... Yeah, it's been fine. It's nice to hear the other guys talk about their struggles, and um, lots of the times it's I don't think I've been to a meeting yet where somebody hasn't said something, and I just think, like, that's me. Like I was, I was there. Like I know exactly what he's talking about. You know, they, it's some part of their story, it's like...I've been there. I know what he means.

Jason also spoke about what he suspected telling others close to him would mean:

Like...judgment. Like having to make choices between friends and what not, because...in my eyes if someone does drugs or has a bad past it doesn't mean they're a bad person, it means, you know yeah they (expletive) up in their life but, it doesn't mean they're a bad person ...I figured they'd kinda, kinda laugh and think it's a joke kinda thing, but they, it seemed alright...

He went on to discuss his expectations with respect to one particular friend, and how the confidence he had in this friend and in the response he would get served as a catalyst to seeking help:

I wasn't nervous about telling him because I knew he'd be understanding and he'd support me, and you know, like, even still, after I told him that he'd call me up and try, he would try to make an effort to do sober stuff, and, he'd make that effort...

He then went on to describe his general expectation however that many people would view him as lesser than for seeking help. He stated:

Oh I know for sure there's gonna be lots of people that are gonna laugh at me, and just think it's a big joke. Everyone knows everyone, so obviously, everyone knows by now that I'm here, and I know I'm gonna run into them once I get outta here, and I know for sure some will think it's a joke and, and at first I wasn't ok with that, like that was probably one of the reasons why I didn't wanna come in here cause I care a lot what people think...I just want to be...a good topic instead of being laughed at and stuff like

that...I know that there's gonna be people...that once I get outta here...I think I've accepted the fact that that's how it is...and now...I don't need them in my life. That's how it's gonna be...if you wanna kind of joke around with it a bit...whatever, each to their own, but if you're really gonna judge me that much for coming here then you're not, you shouldn't be a part of my life...And so I slowly tried to distance myself, which lead to, whatever, lying, making up (expletive), just to kinda stay away from that kind of area. Nathan expressed similar concerns and experiences with respect to expected and actual responses from others to news that he was seeking help for substance abuse, but also resolve to do so regardless:

Some of them, or most of them don't take the seriousness of it...like 'Oh, you could still have a couple beers...You can still drink.' Or...some people would be like, 'No, it's about some of the people you hang around with.' That's what one of my friends says to me when he wants me to drink with him (laughs)...A lot of people just don't take it seriously. Like that one guy...you know what I said one time to him? I said, 'You know what's gonna suck, is...for all my other birthdays from now on I'll be sober for.' (He said) 'You're only 20. You're not gonna be sober for the rest of your life.'...It's not serious. It doesn't come off as a serious thing. Yeah, I mean we don't need to sober up now, we're still young? A lot of them probably are still in that...my one buddy tries to convince me of all stupid types of (expletive). No way. I don't know. I just can't really, like, I can't take what he says seriously...He just says a lot of stuff that goes against what I'm learning. And I'm like, well, I don't know. I need to do it, me personally I do. He's like, 'You don't need to change all your friends and stuff. You don't need to like, go outta your way to like, be by yourself'. It's like I need to just to work on myself, so.

Kyle felt he had to broach the subject in this manner, "I would be strategic and, and, in response to that, I would you know indirectly make a comment that was making the supposition of, or a hypothetical scenario: If I was to get help..." in order to gauge the response of the audience. This uncertainty, fear, and anxiety about how others would respond to their help-seeking aspirations was apparent for all participants.

Cost/benefit - loss of control. Ambivalence about the perceived benefits and costs associated with asking for help, and the impact this had on the help-seeking journey was

apparent throughout the interviews as well. Don equated attending treatment to losing his freedom and autonomy. He stated:

I was concerned...you know, I was right to be concerned and I was concerned the whole time I was here. Not the whole time, the first two weeks, that, I've been free my whole life after the age of 12. I was free I mean...Um, so to come in here and have a structured routine and not be able to leave and people treat you, they check your room, and they make you pee in a jar and all that, I find it really, you know, um one of the counselors there...he said to me, It's very humbling.

Don also expressed fear of losing members of his social circle:

I definitely thought about before I came in, once I go in there you know, I mean, there's no point in going in there and coming home and doing the same thing, so if I go in there I'm going to lose, I hope I don't lose these people as friends, but I'm certainly going to lose the close ties I have with them...So yeah, coming in here I thought, it was always in the back of my mind that, yeah, I'm going to have a totally different life when I go outta here

This fear of the destruction of one's social circle as an unavoidable cost to the act of seeking help was thematic to all participants. Mitigating this however, was often the associated benefit of maintenance of connection to family, which in all cases superseded the potential loss of friends.

Positive Masculinity

Central to the discussion regarding men, substance use, and help seeking is the desire to better understand why some men, despite seemingly similar exposure to the traditional masculinity ideology-informed socialization process, somehow manage to navigate the help-seeking process more efficiently than others. Identifying risk and protective factors in this regard is seen as crucial to helping professionals in supporting men through the help seeking process. One such protective factor identified in the traditional masculinity ideology literature, and noted as a theme within the transcripts of the participants via latent content analysis is that of *positive masculinity*.

Levant and Wimer (2014) theorize that some traditionally oriented men are able to seek help more readily by virtue of contextualizing the act of help-seeking as in fact an act of masculinity in and of itself, insofar as it represents at least some of the commonly accepted male traits (courage, bravery, endurance, resilience). Addis and Mahalik (2003) speak to the notion of

positive masculinity as well, and the idea that some men can overcome the fear of seeking help as a threat to manhood by viewing the act as a necessary means to enable them to continue in their male roles as providers and caretakers.

Emblematic of this concept, Walter noted that in order to maintain his valued male role as provider for his children, he had to seek help. Adam as well shared this notion as noted earlier. Jason spoke at length, as evidenced earlier about the courage (a valued trait for men) it took for him to ask for help despite deep-seated fears about what others would say. Kyle, in describing with pride that he saw himself as being independent, or as kind of a maverick, within the act of help seeking, expressed a growing awareness of the incongruence and irony of this, insofar as that the very nature of asking for help, which is supposedly not masculine, actually embodies some of the traditional masculinity ideology tenets. He noted that “going against the grain” by seeking help, embodied true masculinity in terms of value placed on being independent and strong-willed. Nathan spoke of enduring the lowest of the lows, including contemplation of suicide, but also of the valued masculine trait of resilience and toughness required to survive that and ask for help. Don as well, exudes this notion of positive masculinity in terms of the courage, at a much older age than the others, it took to ask for help.

Indeed, within the narratives of all the participants, there existed clear evidence as to the presence of the best of masculinity, despite the competing presence of the worst.

Chapter 5: Discussion

Introduction

This research was rooted in my curiosity with respect to the central tenets of traditional masculinity ideology, and how they inform the help-seeking experiences of men who are substance dependent. This curiosity extended to the construct of gender role conflict, and the aim was to explore the lived help-seeking experiences of the population in question, as well as the extent to which these experiences may have been shaped by the aforementioned traditional masculinity ideology that pervades the socialization process. Of particular interest was the dynamic of “Double Jeopardy” (Good & Wood, 1995) wherein it is argued that men, by virtue of the reward and punishment system inherent to the expectations laid out for manhood via this ideology, are not only predisposed to the development of any number of psycho-social challenges, substance dependence being but one, but are also less likely to seek help for these very challenges. Based mainly on anecdotal information and personal observations, I had long wondered about the different manner in which men, and women engaged in help-seeking behaviors, especially, in a treatment environment. This research was in essence about attempting to make better sense of these gender-based dynamics and related challenges, with the ultimate aim of not only contributing to the existing research on these issues with respect to an understudied population, but also to potentially use the findings to better inform practice in terms of the approaches utilized at the treatment centre.

A common refrain within the masculinity/help-seeking literature is a dearth of qualitative research in this specialized area of research and professional practice. One of the goals of this study was to explore in more depth what has been anecdotally observed to be significant individual variability in some men’s attempts to overcome their strong alliance with traditional masculinity norms, and to, in fact, seek professional help, despite being predisposed and socialized to avoid engaging in psycho-therapeutic interventions and counselling. This lent itself to the population in question, as the participants themselves were in a sense, outliers, insofar as they were men, who had in fact sought help, despite the “Double Jeopardy” dynamic. The dearth of qualitative research noted also lent itself to the use of a mixed methods approach as a means to better understand the lived experiences of the participants with respect to help-seeking, and the extent to which their experiences may have been informed by traditional masculinity ideology, and the accompanying gender role conflict thought to be a result of the same. It was hoped also

that the mixed method approach would yield deeper understanding of the within person variability, that may have served as vehicles toward seeking help that other researchers have noted is lacking and of most importance in terms of tailoring services.

Discussion

I sought to address three over-arching research questions, with respect to the masculinity, substance dependency, and help-seeking dynamic.

Research Question 1

How do substance-dependent males housed in an inpatient residential treatment facility describe their help seeking experience?

The themes identified with respect to the manner in which the participants described and made sense of their help-seeking experiences included four major themes, one of which yielded the inclusion of a number of sub-themes. Important to the research is to contextualize the data collected within existing knowledge and understanding of the constructs at play. The following is intended to do so.

Theme 1 – Emotional Responses to the Prospect of Help Seeking (Sub-Themes)

Denial/Guilt-Shame-Regret/Rock Bottom/Epiphany)

Given the prescriptive and somewhat restrictive nature of traditional masculinity ideology with respect to the expression of emotion, insofar as it is more or less forbidden for those who wish to be perceived by others as traditionally masculine, (O’Neil, 1981), it was an interesting juxtaposition to observe the emotionality associated with the participants as they discussed and described their help-seeking journey. Tears were shed, anger was expressed, and in most cases acceptance was reached in terms of gaining an understanding that while there is regret regarding wishing one had done things differently, going back was not an option or particularly worthy of discussion. That being said, regret regarding the prolonged period of denial all of the participants experienced, as well as the seeming necessity that one had to experience such loss, and such hardship before making the decision, often out of desperation, to get help seemed to be a very strong aspect of the help-seeking experience for the participants. Intuitively, this seems to re-enforce the concept of “Double Jeopardy.” While gender, and specifically gender role conflict, is likely not the the only defining feature to explain these realities, as of course women who seek help for substance abuse also point to regret about not having sought help sooner, men seek help for various health issues less often than women (Addis & Mahalik, 2003, Good &

Wood, 1995, Sierra Hernandez, Carlos, Han, Oliffe, & Ogrodniczuk, 2014, Wisch, Mahalik, Hayes, & Nutt, 1995). Mental health disorders commonly co-occur with substance use disorders, and we know that 75 percent of those who seek help for depression are women, while men complete suicide four times as often as women (Levant & Wimer, 2014, Sierra Hernandez et al., 2014). That the participants, all seemed to have to experience such intense levels of trauma before feeling compelled, or able for that matter, to ask for help to is truly disheartening.

Theme 2 – Past Experiences as Risk or Protective Factors

Having said that, it must be noted that many men never actually negotiate the help-seeking process, despite enduring the same kinds of traumas as expressed by the participants in this study. Risk factors that may have predisposed the participants to the development of substance dependence issues were commonly cited across participants and included stories of childhood trauma, and dysfunctional families. However, of interest to this research was what sets these men apart – in essence, what, despite having, metaphorically speaking, two-strikes against them to start out with respect to the likelihood of developing addiction issues and in turn getting help (past trauma, being male), may have served to carry them, despite the odds, toward seeking help. Many of the participants pointed towards key figures in their lives, be they mothers, fathers, elders, friends, who in some way may have either consciously or unconsciously normalized, or given them permission to express vulnerability or to ask for help, and that when the desperation of their circumstances became too much, this served as an important frame of reference in terms of seeing the act of help-seeking as an option. Not being as fortunate to have at least one influential person in their lives that gave them permission to step outside traditional male roles may serve to explain in part why some men are unable to ultimately navigate the help-seeking process. Overly rigid adherence to traditional masculinity ideology may also explain this in part.

Theme 3 – Help Seeking as a Restorative or Preventative Act

Common within the participant responses to interview questions was what I understood to be a sense-making of the act of help-seeking within one of two larger aims, these being the desire to reclaim something lost, or the desire to avoid losing something. This seems to align with much of the traditional masculinity ideology, insofar as it seemed that the participants again had to be faced with the prospect of losing, or having lost something of great value outside of themselves in order to take the risks associated with asking for help. It was often not enough for

one internally to be suffering with the biological or psychological effects of substance abuse. It seemed that in order to tip the scale, so to speak, something outside of one's self must be at play. This is congruent with the literature, in particular with respect to Addis and Mahalik's views on the five psycho-social processes men tend to navigate when faced with the prospect of seeking help (2003). One of those processes entails completing a cost/benefit analysis, in which one of the costs men most wish to avoid is that of losing control. If men are motivated to project an image of self-reliance and independence, it follows that only when faced with severe consequences that are of more value to them than the prospect of maintaining self-reliance and independence, will help-seeking emerge as an option.

Theme 4 – Resilience

Finally, in terms of the manner in which the participants described their help-seeking experiences, there was an apparently endless well of inner strengths and resources that served to enable the participants to survive and endure the effects of untreated substance dependence. The participants did not always see themselves that way, however for me as the researcher, it was apparent that this would have to have been the case in order to ultimately successfully navigate the help-seeking experience. It was also apparent to me that the resilience required to sustain one's self through the trials and tribulations associated with coping independently with substance dependence would draw from and be informed by the tradition masculinity ideology tenets that prescribe independence, self-reliance, stoicism, restricted emotionality, etc. Recall also that resilience can be thought of as a process, or an outcome, as opposed to a pre-existing trait (Luthar, Cichetti, & Becker, 2000), and for the participants, while traumatic experiences often led to maladaptive coping via substance use and abuse, the totality of their experiences seemed to me to reflect the development and manifestation of awe-inspiring resilience in the face of a life-threatening illness.

Research Question 2

What forms of gender role strain or conflict may be present for these participants?

Both quantitative and qualitative data was collected with respect to this question. Administration of the GRCS-I yielded specific answers to the second research question, while thematic analysis of participant responses to interviews with specific reference to the gender role conflict constructs added another layer of understanding with respect to this question.

GRCS-I

In essence, results of the GRCS-I obtained suggested that all 4 aspects of gender role conflict hold significant presence in the lived-experiences of the participants. Results on an aggregate level in all 4 domains, and in terms of overall level of gender role conflict exceeded all normative data provided with respect to numerous populations previously studied, aside from the few exceptions noted in chapter 4. While of course no definitive claims can be made given the small sample size, the results obtained imply that men who suffer from substance dependence may experience gender role conflict more so than the general population. This may warrant future research and if so would certainly be important to considering best practices with this population in terms of providing helpful services.

Gender Role Conflict

Thematic analysis with respect to the potential impact of the 4 specific domains of the gender role conflict construct served to provide deeper understanding and a thicker description of the types of gender role conflict at play for the participant group. Evidence as to the prevalence of all 4 domains was obtained, and suffice it to say that gender role conflict is an important issue to consider in terms of assisting men in navigating the help-seeking process with respect to substance dependence. Central to that is the importance of somehow assessing the exact nature of the gender role conflict, as well as the relative severity of any given aspect of it within any given individual, as opposed to the population at large. Within group variability was most pronounced within the success, power, and competition domain, which may reflect the reality that some of the participants were unemployed and not currently looking for work. As well, with respect to the participants, the domain-specific results suggested that the most intensely experienced form of gender role conflict was restricted emotionality, followed by success, power and competition, restricted affectionate behavior between men, and finally conflict between work and family relations. Whether this would bear itself out in terms of a larger sample, thus lending itself to generalizations about the population itself that could inform best practices in remains to be seen. A particularly important dynamic to consider, if it were the case, that in general this population suffers from higher degrees of gender role conflict in particular within the realm of restricted affectionate behavior between men, is whether the currently accepted and commonly used practice of centering inpatient treatment experiences around extensive participation in gender specific group therapy programs is likely to be as effective. In addition, Wisch et al,

(1995) concluded that severity of gender role conflict was predictive of, and inversely relate to attitudes toward help-seeking in general. This underscores the importance of being mindful of the general characteristics thought to be associated with a given population, but more so to seek to better understand the characteristics of the individual.

Research Question 3

To what extent might their identification with traditional masculinity ideologies and gender roles impact their help seeking behaviors?

Inductive thematic analysis of potentially latent content, as opposed to semantic content, yielded what may be strong support for the idea that the participants were both subjected to, and influenced by traditional masculinity ideology, and that this may have in turn significantly impacted their help-seeking experiences. Evidence of the impact that the 4 major strands of traditional masculinity ideology had upon the help-seeking experiences of the participants seemed to be present. and seemed to support O'Neil's claim (2013) that these ideologies give rise to internal conflict given their unreasonable and overly rigid and prescriptive nature.

Blueprint for Manhood

Adherence to the tenets encapsulated in David and Brannon's blueprint (1979)(No Sissy Stuff, Big Wheel, Sturdy Oak, Give 'em Hell) presented as important to all of the participants in some manner or other. To go further, when considering the help-seeking experiences described by the participants, viewing them through the lens offered by David and Brannon, elements of which were consistently embodied via the stories shared, helps one understand with more clarity the barriers associated with the prospect of help-seeking for the participants. The messages associated with this blueprint presented as quite salient in the experiences of all the participants and also as quite influential in terms of behavior. As with the domains associated with the gender role conflict, the specifics of which tended to vary from participant to participant as far as where exactly with the blueprint a given individual may have been most prone to maladaptive behaviours in an effort to embody the version of "maleness" prescribed. However, in its totality, this blueprint has been a significant factor for all in some fashion. Again, implications for service provision on a macro level given this exist, however establishing an individual profile may prove to be of more benefit where feasible.

Compensatory/Confirmatory Use

Within the group of participants, it seemed that rather than a dichotomous either-or experience, the participants tended to oscillate between the 2 conditions outlined by Williams & Ricciardelli (1999), at times describing situations wherein substance use was merely understood to be an expression of masculinity, while in other contexts it was understood to be as a result of what one felt was expected of them, despite reservations or uncertainty. It did not appear to be as linear, or black and white as the definitions of these conditions suggest. Again, on a macro level, understanding on the part of service providers that this is likely to be a more nuanced dynamic may be important, as would striving to specifically assess with individuals the nature of the confirmatory versus compensatory model as it manifests on a micro level. Regardless, the experiences recounted by the participants as they seemed to relate to this model serve to further yet make sense of barriers to help-seeking faced by this population, particularly within the context of help-seeking literature that asserts (Addis & Mahalik, 2003) that a man who sees a problem faced that involves behaviors that one sees as central to one's self-concept (ie. men are supposed to drink) is less likely to seek help for that problem, as ceasing the behavior would potentially exclude one from being seen as a "man."

The subsequent ideological themes for which much evidence was noted within the participant responses serve to better make sense of the help seeking process from the point of view of what might support, or serve as a catalyst for seeking help, as opposed to what might serve as a barrier.

Psycho-Social Processes Related to Men and Help Seeking

Help-seeking literature rooted in understanding of traditional masculinity ideology asserts that a man is most likely to seek help for a given issue if he perceives that the problem is normal, or in other words that most or many other men face the same issue, if the problem behavior is not central to self-identity, if he sees opportunity to help others within the context of his own help-seeking, if he expects a positive, non-judgmental response from his peer group once they learn he has sought help, and if he feels he will maintain control over the help-seeking process itself (Addis & Mahalik, 2003). It should be noted that the participants themselves have in fact successfully sought help – thus, that there was no shortage of evidence within the participant responses to illustrate the presence of these supposedly help-seeking supporting factors should come at no surprise. The key, however, for service providers, will be to develop ways in which

to enhance these factors, and to increase the perception on the part of men that should they choose to seek help, these factors will be part of their experience.

Positive Masculinity

Also serving to assist in making sense of the extent to which traditional masculinity ideology informs help seeking practice, again from the perspective of what might support it rather than prevent it, is the evidence within participant responses to support a unique expression of masculinity that maintains allegiance to many of the prescribed tenets of masculinity. These tenets however have to do with self-reliance, independence, etc., insofar as the act of help seeking is understood by men to be in and of itself an act of masculinity, wherein doing so enables one to perform the various other acts of masculinity held so dear such as being a provider, remaining physically and psychologically strong, etc. Positioning help-related services within the context of positive masculinity (Levant & Wimer, 2014), and creating the space for men to see themselves as practicing these traits by virtue of the act of seeking help may be an important consideration for service providers.

Related to the idea of positive masculinity, there exists what appears to be an evolving sense on the part of society about what masculinity is, or should be seen to be. While to be sure, the tenets of the traditional masculinity paradigm are deep rooted and highly influential, within the participant's accounts of their help-seeking journey, as well as within society in general, a desire for change, and permission to express one's masculinity in ways not normally prescribed, seems to exist. Indeed, it is often posited that a "crisis of masculinity" is taking place (Ward, Tarrant, Terry, Featherstone, Robb & Ruxton, 2017) as men attempt to now navigate evolving conceptions of what masculinity entails. Often this crisis is positioned in society and through media within the assumption that this problem is new, and that only recently have men endeavoured to step outside of traditional masculinity ideology (DeBoise & Hearn, 2017), however, more prevalent in recent thinking is that such attempts to step outside these traditional definitions of masculinity have always been made, but that the desire for hegemonic status for and by men has contributed to softer, more emotionally expressive forms of masculinity to be marginalized. This fits well with O'Neil's concept of traditional masculinity ideology informed gender role conflict, and the role it plays in inhibiting men's ability to feel safe in stepping outside of these supposed ideals. Certainly it is encouraging to see not only more space for men to step outside of these traditional conceptions of masculinity, but also more demand for men to

do so from society at large. Ideally men themselves will join more consistently in demanding this of themselves.

Limitations

As outlined in Chapter 3, common research limitations within mixed methods research, and in particular the qualitative research field of study (Bloomberg & Volpe, 2012) include sample size, sample selection, researcher bias, and participant reactivity, and all four of these potentially posed limitations to my study.

The small sample in particular makes transferability unlikely, which as noted was not an aim of this study. As noted earlier, bias on my part insofar as my own interpretation of the interplay between gender role conflict and help-seeking behavior, potentially informed by my own help-seeking experiences, wherein I have certainly been faced with the aforementioned psychological and emotional distress that results from navigating the process, may have also limited the study. Suffice it to say that I held in low regard the tenets of traditional masculinity ideology, and was critical of men who rigidly adhere to these tenets prior to undertaking this research endeavor. This could certainly have impacted my interpretation of the data, as well as my interview approach. My hope is that the measures such as member checking, peer debriefing, and seeking inter-rater reliability, described earlier in terms of data collection and analysis mitigated this limitation, however it certainly bears mentioning and consideration on the part of the reader. Certainly, while maintaining my previously held criticism of traditional masculinity ideology, I have gained a much deeper and more nuanced understanding of the genesis of these ideologies, and more importantly of those who struggle to step outside of them.

As well, the potential for participants to either consciously or unconsciously wish to please the researcher, or displease the researcher for that matter, may also limit the credibility of any study. This limitation is less easily addressed, however I did not feel that this dynamic was a significant factor. The dual role I was placed in as both researcher, as well as helping professional to the participants in the study posed limitations as well, in terms of transference, countertransference, and in general potential bias that may serve to impact either the research work, or the clinical work I do with them. To mitigate this, I removed myself from clinical supervision of the participants in my study.

Additional limitations to this study are important to note, including the fact that while all the participants had the opportunity to review their interview transcripts and GRCS-I scores, as

well as the themes generated, as well as to revise, alter or edit any of my interpretations, there was no formal follow-up interview facilitated. Such an interview could have served to strengthen the validity and reliability of my findings, or comparatively, served to clarify or deepen my interpretations. Such an endeavor may prove to be a starting point for future research in this area.

Another limitation was the apparent lack of formal exposure to the many traditional masculinity ideology constructs that the participants had. There were times throughout the interview process where some of the questions designed to explore the extent to which these constructs may have influenced the participants in terms of help-seeking behavior seemed to be foreign or somewhat confusing for the participants, requiring additional probing questions, and more importantly for the purposes of research findings, a highly theoretically-based form of thematic analysis, which in and of itself is interpretive in nature, and may limit the ultimate accuracy of same. Piloting the interview questions beforehand, or potentially exposing the participants to a psycho-educational workshop before the interviews that could serve as a primer for participants as to the ideas to be discussed may have assisted me in eliciting a thicker description of the experiences of the participants.

Clinical Implications

One of the potential implications of this research was thought to be that the results may serve to inform clinical approaches that may better serve the unique needs of the population in question. To me, the conclusions drawn point to a dichotomous path going forward in terms of clinical implications. On the one hand, there needs to be consideration given to a more pragmatic approach to both the provision of services to substance dependent men as well as to the retention of these men that reflects the impact that traditional masculinity ideology and gender role conflict has upon their help-seeking behaviours. That is to say we need to acknowledge men's current understanding of masculinity, and that it is very likely to have been influenced by traditional masculinity ideology. This in turn means service providers need to tailor services accordingly in terms of being mindful of the various traditional masculinity-related ideologies and dynamics that exist and serve to make help-seeking a challenge for men. Services designed to appeal to 'hard to engage' men such as the British-based program (Pringle, Zwolinsky, McKenna, Robertson, Daly-Smith, & White, 2014) that sought to provide health improvement training to men through partnerships with English Premier League soccer clubs

via information sessions and consultations in and around the stadium on match days, or the Movember campaign wherein male-bonding is fostered via growing a mustache in order to raise awareness and funding for men's health issues such as colon cancer, have achieved good results and likely have their place.

At the same time however, while needing to be pragmatic about helping men, and keeping in mind the psycho-social processes thought to require navigating in order to successfully breach the need help/ask for help divide, there ought to be a more progressive approach to the problems noted as well. We also need to find ways to not merely accept the status quo, insofar as what is, but to challenge these traditional masculinity messages, and to normalize and give life to the often internalized questions and inner-conflicts men often have about the prescriptions associated with these messages about what it means to be a man. The very act of outwardly and openly challenging these ideologies, and normalizing and celebrating those who find the courage to step outside of the normative boxes created by these ideologies may even better serve to make easier the task of help-seeking for substance dependent men. The findings of this study provide evidence to support the inclusion of psycho-educational programming components that focus upon the relationship between masculinity, substance abuse, and help seeking within the help-seeking environments men find themselves in. In essence, hopefully we as a society can take knowledge gleaned in this and future research to better give permission to men to seek help for problems without having to hit the proverbial "Rock Bottom" so often cited as necessary for change.

However, the single biggest implication yielded via this research may be that there seemingly exists so much within-person variability in terms of the severity of the type of conflict that one grapples with, as well as in terms of the specific aspects of traditional masculinity ideology that may be most difficult for any given person to overcome. Insofar as we are concerned with clinical directions, we need to remain open to and curious about these differences as opposed to looking for absolute generalities. It may be that seeking to generalize, as far as better understanding specific "problem areas" for men from this population, may provide useful but ultimately limited utility, and that clients will be better served if service providers also commit to seeking understanding of each unique client – a task that may be in part accomplished using the same tools I utilized for this study.

Recommendations for Future Research

Various opportunities to further our understanding of this specific population as they seek help are evident. A larger scale study with respect to the gender role conflict construct, notwithstanding the aforementioned need to value individual differences, would potentially provide more confidence in transferability of findings to the larger substance dependent population, and would certainly have utility in terms of informing overall approaches to providing services in the public health system. As well, given the within-participant variability with respect to risk and protective factors that may serve to enable or inhibit help-seeking among individuals from the same population, more in-depth qualitative research including follow-up interviews may elicit a deeper understanding of these factors and ultimately serve to better inform services intended to recruit and retain participants. The question as to what factors might predispose one to rigid adherence to traditional masculinity ideology is important to consider through future research. Equally important is to consider what factors might enable others, subjected to the same socialization process, to less rigidly adhere to this ideology.

Macdonald (2006) argues that “viewing men’s health in terms of gender and health and the socially constructed differences between men and women is important, but does not provide all the perspectives required for meeting men’s health needs” (p.456). This is consistent with the aforementioned individual variability. The need to understand more holistically the nature of the interplay between masculinity, substance abuse, and help-seeking might be well served by considering a social-determinants of health approach (Macdonald, 2006), wherein along with acknowledging the role that traditional masculinity ideology and the sex-role socialization process plays, we also seek to understand better how variables such as socio-economic status, stress, employment, social support and inclusion or exclusion impact this. Future research from this perspective may yield important insights.

In addition, incorporating other measurement tools related to the construct of help-seeking, and attitudes towards same, may identify as of yet un-named or unknown variables at play. Substance dependence specific variables including severity of problem should also be taken into account. As well, further research on gender role conflict and help seeking with specific reference to culture and ethnicity is needed. Normative data currently available is based on international differences, but no cultural or ethnicity specific normative data exists.

Conclusions

I set out to contribute to the understanding of the connection between traditional masculinity ideology and the help-seeking experiences of substance dependent men. In seeking to understand the lived experiences of these men as they navigated the help-seeking journey, a number of important outcomes stand out.

The first such outcome for me is an appreciation for the complexity and of the help-seeking experience for the participants. This was evidenced by the number of overall themes and sub-themes identified as common to the participants as a group. Stemming from this, a second important insight was that there exists so much within-person variability with respect to the nature and type of gender role conflict experienced by each participant, as well as the manner in which this influenced the help-seeking process for each. To be sure, all experienced gender role conflict, and all experienced difficulty seeking help, however the exact nature of the journey towards seeking help was unique for each participant.

A third outcome for me was rooted in the specific results obtained via the GRCS-I. As noted earlier, in comparison to almost all normative data, on aggregate, the participants in this research seemed to experience all factors associated with gender role conflict in a more severe way. While this is not generalizable to the male substance dependent population as a whole given the small sample size, it certainly suggests that this participant group suffered from significant gender role conflict, and underscores the need to further examine this potentially important finding as it relates to the population in general. Yet another outcome for me in terms of better understanding this dynamic is that traditional masculinity ideology has a powerful and consistent influence on society, despite more recent trends toward less maladaptive types of masculinity.

A final important outcome for me, however, is that despite the prevalence and influence of these traditional masculinity ideologies, men can, and do find ways to tap into better parts of themselves, and to as O'Neil (1981a) put it, work toward become more fully-functioning, androgynous, and whole human beings. These participants are evidence of that, and it is my hope that their stories can serve as motivation for others less far along on that journey to do the same.

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Appendix A: Invitation to Participate

Department of Education – School and Counseling Psychology Program University of Saskatchewan



PARTICIPANTS NEEDED FOR RESEARCH IN PSYCHOLOGY - MASCULINITY AND HELP SEEKING

We are looking for volunteers to take part in a study of the lived experiences of seeking help by male substance dependent individuals currently accessing inpatient residential treatment for addiction.

As a participant in this study, you would be asked to participate in completing anonymous questionnaire as well as be interviewed by the researcher in a one to one setting.

Your participation would involve 2 sessions, the first of which is approximately 60 minutes. The second, follow-up session is anticipated to require 30 minutes.

For more information about this study, or to volunteer for this study, please contact:

Jeff Scott

Clinical Supervisor – Calder Centre

at

306-655-4518

Email: jeff.scott@saskatoonhealthregion.ca

This study has been reviewed by, and received approval through, the Research Ethics Office, University of Saskatchewan.



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Appendix B: Participant Consent Form

You are invited to participate in a research study entitled Masculinity and Help Seeking.

Researcher(s): Jeff Scott, MEd Candidate, Department of Education and Special Education – School and Counseling Psychology Program, University of Saskatchewan, (306) 655-4518, jeff.scott@saskatoonhealthregion.ca

Supervisor: Dr. Tim Claypool, Department Head, Department of Educational Psychology and Special Education (Phone: 306. 966.6931; Email: Tim.Claypool@usask.ca)

Purpose(s) and Objective(s) of the Research:

Traditional masculinity ideology, gender role expectations and the construct of Gender Role Conflict are thought to have implications for men in terms of their willingness or comfort level in seeking help for a number of health issues, including mental health and addictions. This study will seek to explore the extent to which traditional masculinity ideology, gender role expectations, and most specifically the construct of Gender Role Conflict have been experienced by participants, and furthermore how these experiences have potentially impacted the help-seeking behaviours of the participants

[

Procedures:

- A mixed methods approach will be used, wherein participants will be asked to participate in individual semi-structured interviews, as well as to complete a 37 point questionnaire intended to measure the construct of Gender Role Conflict. It is anticipated that this initial session will require a time commitment of approximately 60 minutes. This session will take place at Calder Centre. A second, follow-up session, to provide an opportunity to review the transcripts and to assess for accuracy of content and theme is anticipated to require approximately 30 minutes. This session may take place at Calder Centre or off-site, either in person or by phone.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:

- Risks associated with this study are anticipated to be minimal, however, talking about your experiences with help-seeking and how same relates to masculinity constructs and ideology may elicit some psychological distress. You have the right to refuse to answer any questions that you deem to be uncomfortable, and you at any time have to right to discontinue participation in the study. Supportive counseling services will be readily available to you,

and a list of resources for ongoing support will also be provided in the event you feel this is needed as a result of your participation in the study. In addition, Every effort will be made to ensure the confidentiality of the information you share. Normal limits to confidentiality will apply in the event that you share information with the researcher that suggests you or someone else's safety may be in jeopardy. The researcher may be required to disclose such information in such cases.

- An opportunity to debrief after the initial session, as well as during the aforementioned follow-up session will be supported.

Potential Benefits: Potential benefits of this research include the therapeutic benefits of self-exploration and discovery. It is also hoped, but not guaranteed, that valuable insights will be gained as to the nature of help seeking for male inpatient treatment residents that may serve to inform better helping practice in the future.

Confidentiality:

- The data collected will be used strictly for the purposes of my thesis. The findings may be published or presented at conferences, however any and all identifiers will be removed so as to protect your confidentiality. You will be given a pseudonym. Only the researcher will be privy to the actual identity of each participant. All potentially identifying information will be removed from the report.
- Data collected, either written or audio recorded will be kept in a secure location with only the researcher having access to same. Once no longer required, the data will be destroyed.
- As noted, in a follow up session, you will have the opportunity to review transcripts, and any themes or quotations that will be included in the report. You will be free to add, alter, or delete information as you see fit.

Right to Withdraw:

- Your participation is voluntary and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.
- Whether you choose to participate or not will have no effect on your access to services or how you will be treated. Participation is on a strictly voluntary basis.
- Should you wish to withdraw, any and all information collected will be destroyed.
- Your right to withdraw data from the study will apply until results have been disseminated, data has been pooled, etc.. After that, it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

Follow up:

- To obtain results from the study, please contact the researcher at (306) 655-4518, or at Jeff.Scott@saskatoonhealthregion.ca to request a copy of the thesis paper.

Questions or Concerns:

- Contact the researcher using the information at the top of page 1;

- This research project will require approval on ethical grounds by the University of Saskatchewan Research Ethics Board as well as through the Saskatoon Health Region Research Approval Process. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Signed Consent

Your signature below indicates that you have read and understand the description provided.

I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

_____ <i>Name of Participant</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Researcher's Signature</i>	_____ <i>Date</i>	

A copy of this consent will be left with you, and a copy will be taken by the researcher.



APPENDIX C: TRANSCRIPT RELEASE FORM

Masculinity and Help Seeking – A Mixed Methods Study

Transcript Release Form

I, _____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Jeff Scott. I hereby authorize the release of this transcript to Jeff Scott to be used in the manner described in the Consent Form. I have received a copy of this Transcript Release Form for my own records.

Name of Participant

Date

Signature of Participant

Signature of Researcher

Appendix D: GENDER ROLE CONFLICT SCALE -I (GRCS-I)

Dr. James M. O'Neil
Department of Educational Psychology
Neag School of Education
249 Glenbrook Road, Road, U-2064
University of Connecticut
Storrs, CT. 06269-2058
Jimoneil1@aol.com

Copyright, 1986

RELEASE FORM FOR THE GENDER ROLE CONFLICT SCALE (GRCS)

NAME _____

ADDRESS _____

ZIP CODE _____

E-MAIL ADDRESS _____

PHONE _____ (WORK)
_____ (HOME)

1. ____ Yes, I plan to use the Gender Role Conflict Scale in my research.
2. Please briefly describe your research project, if possible, including the nature of your sample and any other scales to be used. (Use reverse side if necessary)
3. How many subjects do you expect will complete the GRCS? _____
4. If this research is a supervised undergraduate thesis, masters thesis or doctoral dissertation, who is supervising your research? Please give faculty member's name, address, and phone number.
Name _____
Address _____

_____ Zip Code _____
Phone (If known) _____

I agree to send the results to the study to Dr. Jim O'Neil upon completion of research to be included on the Gender Role Conflict Research Program Web Page and in any future reviews of the literature on men's gender role conflict. This means sending me copies of the thesis, dissertation, convention presentation, and submitted or published journal article that describes the research's rationale, methods, results, and discussion.

Signature _____ Date _____

Retain one copy of this release for your records and before the research is implemented return one to:

Dr. James M. O'Neil
Department of Educational Psychology

249 Glenbrook Road, Road, U-2064
University of Connecticut
Storrs, CT 06269-2064
FAX: 860-486-3452
E-MAIL: oneil@uconnvm.uconn.edu
Jimoneil1@aol.com

1. Age: _____
2. Educational Level: (Check the highest level that fits you.)
____High School Diploma ____Freshman ____Sophomore ____Junior ____Senior
____Master's Degree ____Ph.D. ____Other
3. Present Marital Status: ____Married ____Single ____Divorced ____Remarried
4. Race: ____White ____Black ____Hispanic ____Asian American

Instructions: In the space to the left of each sentence below, write the number that most closely represents the degree that you Agree or Disagree with the statement. There is no right or wrong answer to each statement; your own reaction is what is asked for.

Strongly Agree						Strongly Disagree
6	5	4	3	2	1	

1. ____ Moving up the career ladder is important to me.
2. ____ I have difficulty telling others I care about them.
3. ____ Verbally expressing my love to another man is difficult for me.
4. ____ I feel torn between my hectic work schedule and caring for my health.
5. ____ Making money is part of my idea of being a successful man.
6. ____ Strong emotions are difficult for me to understand.
7. ____ Affection with other men makes me tense.
8. ____ I sometimes define my personal value by my career success.

9. ____ Expressing feelings makes me feel open to attack by other people.
10. ____ Expressing my emotions to other men is risky.
11. ____ My career, job, or school affects the quality of my leisure or family life.
12. ____ I evaluate other people's value by their level of achievement and success.

Strongly
Agree
6

5

4

3

2

Strongly
Disagree
1

13. ____ Talking about my feelings during sexual relations is difficult for me.
14. ____ I worry about failing and how it affects my doing well as a man.
15. ____ I have difficulty expressing my emotional needs to my partner.
16. ____ Men who touch other men make me uncomfortable.
17. ____ Finding time to relax is difficult for me.
18. ____ Doing well all the time is important to me.
19. ____ I have difficulty expressing my tender feelings.
20. ____ Hugging other men is difficult for me.
21. ____ I often feel that I need to be in charge of those around me.
22. ____ Telling others of my strong feelings is not part of my sexual behavior.
23. ____ Competing with others is the best way to succeed.
24. ____ Winning is a measure of my value and personal worth.
25. ____ I often have trouble finding words that describe how I am feeling.
26. ____ I am sometimes hesitant to show my affection to men because of how others
might perceive me.
27. ____ My needs to work or study keep me from my family or leisure more than

would like.

28. ___ I strive to be more successful than others.

29. ___ I do not like to show my emotions to other people.

30. ___ Telling my partner my feelings about him/her during sex is difficult for me.

Strongly Agree 6	5	4	3	2	Strongly Disagree 1
31. ___ My work or school often disrupts other parts of my life (home, family, health leisure.					
32. ___ I am often concerned about how others evaluate my performance at work or school.					
33. ___ Being very personal with other men makes me feel uncomfortable.					
34. ___ Being smarter or physically stronger than other men is important to me.					
35. ___ Men who are overly friendly to me make me wonder about their sexual preference (men or women).					
36. ___ Overwork and stress caused by a need to achieve on the job or in school, affects/hurts my life.					
37. ___ I like to feel superior to other people.					

FACTOR STRUCTURE

Factor 1 - Success, Power, Competition (13 items)

Items – 1, 5, 8, 12, 14, 18, 21, 23, 24, 28, 32, 34, 37

Factor 2 – Restrictive Emotionality (10 items)

Items – 2, 6, 9, 13, 15, 19, 22, 25, 29, 30

Factor 3 – Restrictive Affectionate Behavior Between Men (8 items)

Items – 3, 7, 10, 16, 20, 26, 33, 35

Factor 4 – Conflicts Between Work and Leisure – Family Relations (6 items)

Items – 4, 11, 17, 27, 31, 36

Total Number of Items = FACTOR LOADINGS AND RELIABILITIES FOR ITEMS OF GRCS-I

FACTOR 1 – SUCCESS, POWER, COMPETITION (13 items)

Items	Factor Loading
1. Moving up the career ladder is important to me.	.64
5. Making money is part of my idea of being a successful man.	.52
8. I sometimes define my personal value by my career success.	.54
12. I evaluate other people's value by their level of achievement and success.	.54
14. I worry about failing and how it affects my doing well as a man.	.45
18. Doing well all the time is important to me.	.43
21. I often feel that I need to be in charge of those around me.	.49
23. Competing with others is the best way to succeed.	.58
24. Winning is a measure of my value and personal worth.	.57
28. I strive to be more successful than others.	.72
32. I am often concerned about how others evaluate my performance at work or school.	.41
34. Being smarter or physically stronger than other men is important to me.	.61

37. I like to feel superior to other people.	.53
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Mean Factor Loading	.54
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Internal Consistency Reliabilities	.85
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Test – Retest Reliabilities	.84
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Variance Explained	17.2%
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FACTOR 2 – RESTRICTIVE EMOTIONALITY (10 items)
Factor

Items	Loadings
2. I have difficulty telling others I care about them.	.70
6. Strong emotions are difficult for me to understand.	.35
9. Expressing feelings makes me feel open to attack by other people	.37
13. Talking (about my feelings) during sexual relations is difficult for me.	.52
15. I have difficulty expressing my emotional needs to my partner .	.78
19. I have difficulty expressing my tender feelings.	.76
22. Telling others of my strong feelings is not part of my sexual behavior	.44
25. I often have trouble finding words that describe how I am feeling	.41
29. I do not like to show my emotions to other people	.43
30. Telling my partner my feelings about him/her during sex is difficult for me.	.75
Mean Factor Loading	.55
Internal Consistency Reliabilities	.82

Test – Retest Reliabilities	.76
Variance Explained	7.6%

FACTOR 3 – RESTRICTIVE AFFECTIONATE BEHAVIOR BETWEEN MEN – HOMOPHOBIA (8 items)

	Factor
Items	Loadings
3. Verbally expressing my love to another man is difficult for me.	.50
7. Affection with other men make me tense.	.69
10. Expressing my emotions to other men is risky	.58
16. Men who touch other men is difficult for me.	.67
20. Hugging other men is difficult for me.	.71
26. I am sometimes hesitant to show my affection to men because of how others might perceive me.	.52
33. Being very personal with other men makes me feel uncomfortable.	.66
35. Men who are overly friendly to me, make me wonder about their sexual preference (men or women).	.48

Mean Factor Loading	.60
Internal Consistency Reliabilities	.83
Test – Retest Reliabilities	.86
Variance Explained	6.1

FACTOR 4 – CONFLICTS BETWEEN WORK AND LEISURE – FAMILY RELATIONS (6 items)

	Factor
Items	Loadings
4. I feel torn between my hectic work schedule and caring for my health	.45
11. My career, job, or school affects the quality of my leisure or family life.	.65
17. Finding time to relax is difficult for me.	.57
27. My needs to work or study keep me from my family or leisure more than I would like.	.70
31. My work or school often disrupts other parts of my life (home, health, leisure).	.58
36. Overwork and stress, caused by a need to achieve on the job or in school, affects/hurts my life.	.46
Mean Factor Loading	.57
Internal Consistency Reliabilities	.75
Test – Retest Reliabilities	.72
Variance Explained	4.6%

DATA ON ALL ITEMS

Mean Factor Loadings	.57
Overall Internal Consistency Reliabilities	
Test-Retest Reliabilities	.88
Variance Explained	35.2%

Table 1: Internal Consistency, Reliabilities of GRCS Across Various Diverse Samples

STUDY AND SAMPLE	SPC	RE	RABBM	CBWFR	Total Score
O'Neil et al (1986) American College Students N=527	0.85	0.82	0.83	0.75	N/A
Good et al. (1995) American College Student N=1043 (3 samples) #1	0.83	0.81	0.86	0.75	0.88
Sample 2	0.84	0.84	0.83	0.74	0.90
Sample 3	0.86	0.84	0.88	0.78	0.89
Rogers, Abbey-Hines Rando (1997) College Men N=198	0.87	0.88	0.86	0.79	N/A
Borthick Knox, Taylor, Dietrich Women College Students (1997) N=427	0.84	0.86	0.83	0.81	N/A
Pylluk + Casas (1998) Ethnic Men (N=153)	0.71	0.84	0.85	0.79	0.87
Non Ethnic Men (N=128)	0.87	0.88	0.87	0.84	0.91
Laurent 1997 African American Adult Men N=193	0.88	0.83	0.90	0.76	N/A
Simonsen (1998) Gay Men N=117	0.88	0.85	0.75	0.81	N/A
Chamberlin (1993) Adult Airline Pilots N=188	0.84	0.91	0.86	0.80	0.89
JO (2000) Korean Students N=303	0.85	0.77	0.71	0.67	N/A
Kang (2001) Korean Students N=303	0.78	0.76	0.72	0.67	N/A
Gulder (1999) German Adult Men N=115	0.81	0.87	0.87	0.87	N/A
Gough (1999) Australian Students N=189	0.85	0.71	0.81	0.81	N/A
Kim (1990) Asian American Men N=125	0.87	0.85	0.84	0.78	N/A
Theodore (1997) Australian Men 18-24yrs N=350	0.84	0.84	0.88	0.78	N/A
36-45yrs	0.85	0.89	0.91	0.90	N/A
55+yrs	0.86	0.88	0.85	0.80	N/A
Torres Rivera (1995) Low Class Puerto Rican Men N=84	0.71	0.67	0.80	0.76	N/A
Charter, Graff, + Arnold (1986) Canadian Men N=555	0.81	0.90	0.84	0.75	0.89
Hayashi (1999) Japanese Men N=270	0.70	0.60	0.59	0.73	0.73
Tsai (2000) Taiwanese Men N=737	0.85	0.82	0.83	0.72	0.86

Appendix E: Interview Guide

Interview One:

1. Could you tell me about what the journey towards seeking for substance dependence help has been like for you?

Possible Probes:

- Can you tell me about any obstacles/barriers that you encountered?
- Did you experience any ambivalence about seeking help? What sense do you make of that?
- Can you tell me about the exact moment at which you knew you had to seek help, and how you arrived at that point?
- How common is addiction in your community/social circle?
- How do you yourself tend to view the idea of help-seeking?
- Can you tell me about what kinds of things proved to be helpful or supportive to you in making the decision to seek help?
- What aspects of the inpatient treatment environment appeal to you?
- What aspects of the inpatient treatment environment do not appeal to you?
- Does the idea of helping yourself by helping others resonate with you? How so?
- What kind of reaction did/would most of those within your social circle have if they knew you were seeking this kind of help?
- Can you tell me about the risks you took in seeking help? Did you feel as though you had anything to lose if you did?
- Can you talk about what you feel you had to gain as opposed to lose by virtue of seeking help?

2. Being a male, do you feel as though that specifically has had any impact on your journey towards seeking this kind of help? In what kinds of ways?

Possible Probes:

- Do you see being a male as presenting any disadvantages as far as seeking help? Advantages? Can you tell me about these?
- What sorts of messages do you think men get from one another, or society in general, about how we are supposed to respond to problems?
- Do you think that the messages that we as men get from society about what it means to be a man had any impact on your specific help-seeking experience? How so?

- How do men in your community tend to view the idea of seeking help for problems such as addiction/mental health?
3. Can you tell me about how you make sense of the expectations of men and of what it means to be a man by society?
 - Can you tell me about a time or times when you felt uncomfortable with one of these expectations?
 - What are your thoughts overall about how these expectations, and the degree to which we as men take them seriously, might impact our overall health and wellbeing?
 - What about how this might impact those around us?

Interview Two:

1. Having now had a chance to review the transcript I provided you, is there anything you feel it would be important to add, alter, or delete?
2. I have reviewed and analyzed the transcripts for all the participants in depth, and I have identified a number of themes that emerged as a result. I have shared these with you and I am interested in your input. Do you feel that the themes identified are reflective of your experiences with help seeking? In what ways? If not, why?

Appendix F: Braun & Clark's 15 Point Checklist for Thematic Analysis Transcription

1. The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.

Coding

2. Each data item has been given equal attention in the coding process.

3. Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive

4. All relevant extracts for all each theme have been collated.

5. Themes have been checked against each other and back to the original data set.

6. Themes are internally coherent, consistent, and distinctive.

Analysis

7. Data have been analysed - interpreted, and made sense of - rather than just paraphrased or described

8. Analysis and data match each other - the extracts illustrate the analytic claims.

9. Analysis tells a convincing and well-organized story about the data and topic.

10. A good balance between analytic narrative and illustrative extracts is provided.

Overall

11. Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.

Written

12. The assumptions about, and specific approach to, thematic analysis are clearly explicated.

13 There is a good fit between what you claim you do, and what you show you have done - ie, described method and reported analysis are consistent.

14 The language and concepts used in the report are consistent with the epistemological position of the analysis.

15 The researcher is positioned as active in the research process; themes do not just 'emerge'.



APPENDIX G: COUNSELLING SERVICES

Masculinity and Help Seeking – A Mixed Methods Study

Counselling Services

Should you experience any emotional anxiety or distress as a result of our interviews, supportive counselling is readily available, and below is a list of supportive services you may wish to contact.

Saskatoon Health Region – Mental Health and Addictions Services -Adult Community Services

Sturdy Stone Bldg – Main Floor
Suite 156 122 3rd Ave N
Saskatoon SK S7K 2H6
Phone: (306) 655-7777
Fee: No charge

Saskatoon Family Services

506 25th Street East
Saskatoon SK S7K 4A7
Phone: (306) 244-0127
Website: www.familyservice.sk.ca
Fee: sliding scale (dependent upon income)

Saskatoon Mobile Crisis

103 – 506 25th St East
Saskatoon, SK Canada S7K 4A7
Phone: (306)-933-6200
Fee: no charge

Appendix H: GRCS Normative Data (O'Neil, n.d)

TABLE 1- NORMATIVE DATA ON WHITE COLLEGE STUDENTS'
GENDER ROLE CONFLICT

STUDY					
AUTHOR	MEAN GRCS FACTOR SCORE ¹				
DATE	TOTAL				
SAMPLE SIZE	SPC	RE	RABBM	CBWFR	SCORE
O'Neil et al (1986) N= 527	53.18	30.27	29.09	21.4	133.94
Good & Wood (1995) N= 393	55.60	33.60	34.20	23.70	147.10
Good et al (1995) N= 107	53.15	31.42	31.93	23.35	139.84
Good et al (1995) N= 535	56.38	33.23	30.84	22.98	145.43
Good et al (1995) N= 401	55.58	33.58	34.23	23.66	147.05
Wade & Gelso (1998) N=240	54.17	33.24	30.09	22.95	140.00
Cournoyer & Mahalik (1995) N= 88	50.20	31.29	28.62	21.01	131.12
Rochlen & O'Brien (2002) N=301	52.55	30.37	27.57	21.37	131.77
Raw Score Average Mean	53.80	32.12	30.82	22.55	139.53
Scale Score Average Mean	4.14	3.21	3.85	3.75	3.77

¹ SPC = Success Power Competition RE =
Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between Men

CBWFR = Conflict Between Work and Family Relations

TABLE 2- NORMATIVE DATA ON WHITE ADULT MEN'S GENDER ROLE

CONFLICT					
STUDY	MEAN GRCS FACTOR SCORE ¹				
AUTHOR					TOTAL
DATE					SCORE
SAMPLE SIZE	SPC	RE	RABBM	CBWFR	SCORE
Campbell & Snow (1992) N= 70	45.20	30.70	27.50	22.30	133.94
Cournoyer & Mahalik (1995) N= 88	44.87	32.60	27.25	23.12	127.84
Sileo (1995) N= 150	47.33	30.75	26.62	23.33	128.02
Alexander (1995) N= 179	43.00	34.17	26.47	24.18	127.82
Sharpe, Heponer, & Dixon (1995) N= 88	45.75	31.43	28.68	20.33	126.19
Cortese (2003) N=308	44.19	28.17	23.55	22.00	118.21
Swenson (1998) N= 85	38.84	27.96	21.89	20.02	108.71
Chamberlin (1993) N=188	46.8	30.4	29.30	22.60	129.26
Raw Score Average	44.49	30.77	26.40	22.23	124.99
Scale Score Average	3.42	3.07	3.30	3.70	3.37

¹ SPC = Success Power Competition

RE = Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between

Men CBWFR = Conflict Between Work and Family

Relations

TABLE 3 - NORMATIVE DATA ON THERAPY CLIENTS' GENDER ROLE

CONFLICT					
STUDY	MEAN GRCS FACTOR SCORE ¹				
AUTHOR					TOTAL
DATE					SCORE
SAMPLE SIZE	SPC	RE	RABBM	CBWFR	SCORE
Good et al. (1996) N= 130	51.20	35.90	30.60	22.80	140.60
Mertens (2000) N= 51	45.37	33.60	27.04	22.86	128.76
Hayes & Mahalik (2000) N= 91	46.54	28.90	24.00	22.56	122.00
Raw Score Average	47.70	32.80	27.20	22.74	130.45
Scale Score Average	3.66	3.28	3.40	3.79	3.52

¹ SPC = Success Power Competition

RE = Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between

Men CBWFR = Conflict Between Work and Family

Relation

TABLE 4 - NORMATIVE DATA ON ADULT AND COLLEGE AGE
AFRICAN AMERICAN MEN'S GRC

STUDY	MEAN GRCS FACTOR SCORE ¹				
AUTHOR					
DATE					TOTAL
SAMPLE SIZE	SPC	RE	RABBM	CBWFR	SCORE
Brewer, 1998 N=104 X=39 yrs	47.02	32.80	26.77	21.51	128.09
Laurent, 1997 N=193 X=29 yrs	47.58	34.87	28.78	22.98	134.21
Wade, 1996 N=95 X=43 yrs	46.93	29.20	25.44	20.34	121.30
White, 2002 College Men N=271	37.70	39.50	27.68	20.70	125.80
Lily, 1999 College Men N=80	49.67	45.54	36.75	22.69	129.33
Raw Score Average	45.78	36.38	29.08	21.64	127.74
Scale Score Average	3.52	3.63	3.63	3.60	3.45

¹ SPC = Success Power Competition

RE = Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between
Men CBWFR = Conflict Between Work and Family
Relations

TABLE 5 - NORMATIVE DATA ON HISPANIC/LATINO MEN'S GRC

STUDY	MEAN GRCS FACTOR SCORE ¹				
AUTHOR					
DATE					
SAMPLE SIZE	SPC	RE	RABBM	CBWFR	TOTAL SCORE
Leka, 1998 N=164 College Men	52.13	31.25	30.14	22.36	137.17
Fragoso + Kashubeck, 2000 N=113 X=38 yrs	50.18	34.00	28.80	21.90	134.31
Raw Score Average	51.09	32.50	29.40	22.10	135.60
Scale Score Average	3.93	3.25	3.67	3.68	3.66

¹ SPC = Success Power Competition

RE = Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between

Men CBWFR = Conflict Between Work and Family
Relations

TABLE 6 - NORMATIVE DATA ON COLLEGE AGE ASIAN AMERICAN

MEN'S GRC

STUDY	MEAN GRCS FACTOR SCORE ¹				
AUTHOR					
DATE					TOTAL
SAMPLE SIZE	SPC	RE	RABBM	CBWFR	SCORE
Kim, O'Neil, & Owen, 1996 N=125 X=22 yrs	51.87	31.30	28.40	22.74	134.31
Liu, 2002 N=323 X=21 yrs	49.96	31.99	26.80	21.55	130.30
Liu, 2004 N=194	53.28	32.56	25.13	23.59	134.56
Raw Score Average	51.70	31.95	26.77	22.62	133.05
Scale Score Average	3.97	3.19	3.34	3.77	3.59

¹ SPC = Success Power Competition

RE = Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between

Men CBWFR = Conflict Between Work and Family

Relations

TABLE 7 - NORMATIVE DATA ON ADULT GAY MEN'S GRC

STUDY	MEAN GRCS FACTOR SCORE ¹				
AUTHOR					
DATE					TOTAL
SAMPLE SIZE	SPC	RE	RABBM	CBWFR	SCORE
Simonsen et al, 2000 N=117 X=37 yrs	42.47	26.37	17.58	20.91	107.33
Naranjo, 2001 N=50 X=33 yrs	43.76	30.34	19.94	20.21	114.25
Ervin, 2004 N=277 X=39 yrs	45.11	28.30	18.80	20.60	112.85
Jones, 1998 N=130 X=36 yrs	46.68	30.20	20.02	22.66	119.56
Raw Score Average	44.50	28.80	19.08	21.09	113.49
Scale Score Average	3.42	2.88	2.38	3.51	3.06

¹ SPC = Success Power Competition

RE = Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between

Men CBWFR = Conflict Between Work and Family

Relations

TABLE 8 - NORMATIVE DATA ON OLDER RETIRED MEN'S GRC

STUDY	MEAN GRCS FACTOR SCORE ¹					TOTAL SCORE
AUTHOR						
DATE						
SAMPLE SIZE	SPC	RE	RABBM	CBWFR		
Lontz, 1999 N=161 X=70 yrs	44.00	37.00	27.00	23.00		
Graham, 2003 N=114 X=74.4	47.41	30.13	27.40	14.84		
Raw Score Average	45.70	33.56	27.20	18.92		
Scale Score Average	3.51	3.35	3.40	3.15		

¹ SPC = Success Power Competition

RE = Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between

Men CBWFR = Conflict Between Work and Family

Relations

TABLE 9 - NORMATIVE DATA ON ADOLESCENT BOY'S GRC

STUDY	MEAN GRCS FACTOR SCORE ¹				
AUTHOR					
DATE					TOTAL
SAMPLE SIZE	NSA	RE	RABBM	CBWSF	SCORE
Blazina et al in press N=330	25.99	31.10	26.84	22.59	106.52
Soublis, 2003 N=110	27.50	29.90	25.50	23.10	105.20
Cadenhead, 2002 N=65	29.60	32.98	26.52	19.41	72.18
Raw Score Average	27.69	31.32	26.28	21.70	94.63
Scale Score Average	4.61	3.48	3.75	3.10	3.26

¹ NSA = Need for Success & Achievement

RE = Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between

Men CBWSF = Conflict Between , Work, School & Family

GRCS-A is a 29 item measure

TABLE 10 – SUMMARY OF NORMATIVE DATA INTERNATIONAL

MEN'S GRC

GRCS SCORES AVERAGE MEANS ACROSS FACTORS

COUNTRY AUTHOR DATE SAMPLE SIZE	SPC	RE	RABBM	CBWFR	TOTAL SCORE
Bjerke & Skylvingstad, 2002 Sweden N=170	43.00	26.58	20.95	19.32	109.85
Birchistle, 1999 Ireland N=40	47.08	35.30	30.23	22.03	134.64
Cachia, 2001 Malta N=151	50.37	33.93	33.55	24.82	143.27
Chartier, Graff & Arnold, 1986 Canada N=555	48.40	41.10	28.5	21.20	139.20
Faria, 2000 Portugal N=300	43.66	29.67	24.69	20.23	118.25
Jo, 2000 Korea N=111	51.48	31.80	22.80	20.70	126.91
Kang Korea N=410	48.49	30.78	20.75	17.86	117.88
Tate, 1998 N=82 England	40.84	28.77	28.86	20.12	118.67
Tsai, 2000 N=737 Taiwan	54.08	30.80	27.76	21.12	133.57

TABLE 10 – SUMMARY OF NORMATIVE DATA INTERNATIONAL
MEN'S GRC (CONTINUED)

GRCS SCORES AVERAGE MEANS ACROSS FACTORS

COUNTRY AUTHOR DATE SAMPLE SIZE	SPC	RE	RABBM	CBWFR	TOTAL SCORE
Theodore & Lloyd, 2000 N=221 Australia	44.33	32.72	29.09	20.76	126.90
Naully, 2002 N=300 Indonesia	51.87	37.30	28.56	18.96	136.69
O'Neil et al, 1994 N=191 Russia	49.40	32.20	27.36	21.72	130.68

¹ SPC = Success Power Competition

RE = Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between

Men CBWFR = Conflict Between Work and Family

Relation

TABLE 11- NORMATIVE DATA ON COLLEGE WOMEN'S GRC

STUDY					
AUTHOR	MEAN GRCS FACTOR SCORE ¹				
DATE					TOTAL
SAMPLE SIZE	SPC	RE	RABBM	CBWFR	SCORE
Borthick, 1997, N= 426	48.62 11.31	30.00 11.00	22.40 8.72	22.98 7.02	124.00
Schwartz, 2003 N=300	45.30 11.44	29.76 10.95	23.33 8.14	26.81 7.14	125.20
Newman, 1997 N=50	44.00 9.60	25.20 7.10	17.50 8.10	22.40 7.00	109.10
Eicken, 2003 N=174	49.36 11.22	27.69 10.62	19.82 8.03	22.32 6.76	119.18 24.60
Raw Score Average	46.82	28.16	20.76	23.62	119.37
Scale Score Average	3.60	2.18	2.59	3.93	3.22

¹ SPC = Success Power Competition

RE = Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between

Men CBWFR = Conflict Between Work and Family

Relations

TABLE 12 – SUMMARY OF NORMATIVE DATA ALL POPULATION'S
GRC

Raw GRCS Scores Average Means Across Numerous Studies

NUMBER OF STUDIES POPULATIONS	SPC	RE	RABBM	CBWFR	TOTAL SCORE
White College Students N=8	53.80	32.12	30.82	22.55	139.53
Adult White Men N=8	44.49	30.77	26.40	22.23	124.99
African American Men N=5	45.78	36.38	29.08	21.64	127.74
Asian American Men N=3	51.70	31.95	26.77	22.62	133.05
Hispanic/Latino Men N=2	51.09	32.50	29.40	22.10	135.60
Gay Men N=4	44.50	28.80	19.08	21.09	113.49
Older Retired Men N=2	45.70	33.56	27.20	18.92	125.38
College Women N=4	46.82	28.16	20.76	23.62	119.39

¹ SPC = Success Power Competition

RE = Restrictive Emotionality

RABBM = Restrictive Affectionate Behavior Between
Men CBWFR = Conflict Between Work and Family
Relation

